

**EIGHTH DISTRICT ELECTRICAL PENSION FUND  
ANNUITY PLAN  
ELECTIVE DEFERRAL AUTHORIZATION**

TO: \_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Address

I am a participant in the Eighth District Electrical Pension Fund Annuity Plan (the "Fund") and hereby elect to participate in the Fund's 401 (k) Salary Reduction Program and authorize you to withhold from my salary \$\_\_\_\_\_ \* per hour during the payroll period beginning \_\_\_\_\_ \*\* and during each payroll period thereafter until this Authorization is canceled or modified in writing by me. You are authorized and directed to remit and pay to the Fund for deposit in my Individual 401 (k) Account the total amount by which my salary has been reduced and withheld by you during each payroll period pursuant to this Authorization.

Dated \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Printed/Typed Name

Soc. Sec. # \_\_\_\_\_

**ACCEPTANCE**

The undersigned employer accepts the above Authorization and agrees to remit and pay to the Eighth District Electrical Pension Fund Annuity Plan all salary withheld pursuant to the above Authorization on or before the 15th day of the calendar month after the calendar month in which such salary withholding occurred.

Dated \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Employer Name

- \* Must be in increment of \$0.05 per hour. A Participant's elective deferrals to the Plan may not exceed the maximum limit set by the IRS each year.
- \*\* The Authorization or any modification or cancellation must be received by the Employer and the Fund Administrator at least 15 days prior to the beginning of the specified payroll period.

Participants return this form to your Employer (you should keep a copy for your records).  
Employers return a copy of this form to the Fund Administrator.