

Union Individual Account Retirement Fund

INITIAL ENROLLMENT/ELECTION FORM

1. REASON FOR COMPLETING FORM

Plan Enrollment/Employer Change Deferral Change Ceasing Participation

2. PARTICIPANT INFORMATION (Please Print)

Employer:

Participant's Name:

Social Security #:

Street Address:

Date of Birth:

City:

State:

Zip:

3. SALARY REDUCTION AGREEMENT

Contributions must be made in increments of \$1.00/hour to a maximum of \$5.00/hour.

I authorize my employer to withhold \$_____ /hour of my compensation each pay period and deposit monthly into my Plan account as a pre-tax 401(k) contribution.

I recognize that limitations under the Internal Revenue Code regulations for qualified plans may affect the amount of my deferral. Accordingly, I hereby agree that my deferral shall be the level specified, or such lesser amount which, as determined by the Board of Trustees, is the maximum deferral I can elect under the limitations set forth in the Plan.

4. INVESTMENT ELECTION

All future contributions will be invested consistent with my investment election submitted to the Plan for my Plan Account, including any future changes I make OR the Plan's default rules if I have not made an election. To make a change in your investment election or to make an initial election, contact Milliman at (866) 767-1212.

5. *Please return this completed form to your employer. Please also send a copy of this form to the Fund Office*

Note: I have received materials describing the Union Individual Account Retirement Fund. I hereby make the above election, which the Employer will implement as soon as administratively feasible.

Participant's Signature

Date

6. FOR ADMINISTRATIVE OFFICE USE ONLY

Plan Administrator Signature

Date