

Personal Information		Date of Birth	Marital Status	
Last Name	First Name	M.I.	Social Security Number	
Street Address	City	State	Zip Code	

Step 1: Payroll Directions

I authorize my employer to deduct the following pre-tax amount from my hourly pay and contribute that amount to my Deferred Savings Plan. The amount deferred must be in multiples of \$.50, and in no case shall the amount be greater than what is allowed by state and federal laws. I understand I may change the amount each quarter with the starting dates for these withholdings being the first day of the new payroll week in January, April, July, and October.

Employer Name: _____ **Check this box if you are a new hire**

- Traditional 401(k): To deduct \$ _____ * per hour (must be multiples of \$.50) **Pre-Federal Income Tax**
 * **If this is a change, you must circle the effective date:** January | April | July | October
- Roth 401(k): To deduct \$ _____ * per hour (must be multiples of \$.50) **Post-Federal Income Tax**
 * **If this is a change, you must circle the effective date:** January | April | July | October
- \$0 - I do not wish to participate in the I.B.E.W. Local 405 Deferred Savings Plan.
 * **If this is a change,** you may terminate as of the end of any payroll period upon 30-days advance written notice to the Employer

Step 2: Beneficiary Designations

Primary Beneficiary(ies)

Name: _____ Relationship: _____ % _____

Name: _____ Relationship: _____ % _____

Contingent Beneficiary(ies)

Name: _____ Relationship: _____ % _____

Name: _____ Relationship: _____ % _____

Step 3: Participant Signature

Married – I understand if my spouse is not the only Primary Beneficiary, the Designation of Beneficiary form is attached and the spousal consent section has been completed.

Unmarried – I understand that if I become married, my spouse is automatically my Beneficiary unless the Designation of Beneficiary form is attached and the spousal consent section has been completed.

Signature of Participant	Date
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Employer - Please return completed form to:
 Auxiant, Attn: Union Services, P.O. Box 75008, Cedar Rapids, IA 52407
 Phone : (800) 475-2232, ext. 1221 Fax : (319) 866-6234