



TOC - WOODWORKERS, IAM DEFINED CONTRIBUTION PLAN AND TRUST

www.tocwoodworkers.aibpa.com

401(K) OPTION – ENROLLMENT / CHANGE FORM

PARTICIPANT INFORMATION

Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

New Enrollment Change, effective _____, 20 _____

ELECTION TO PARTICIPATE

I wish to participate in the 401(k) portion of the TOC-Woodworkers, IAM Defined Contribution Plan.

ELECTION NOT TO PARTICIPATE

I do not wish to participate in the 401(k) portion of the TOC-Woodworkers, IAM Defined Contribution Plan.

Note: Highly compensated employees, as defined by the Internal Revenue Code, and employees of the IAM or a local of the IAM may not participate in the 401(k) portion of the Plan.

SALARY DEFERRAL

I authorize my employer, _____, to withhold from my salary the amount indicated below as my contribution to the 401(k) Plan. The contribution to the Plan is subject to ERISA, the provisions of the Plan, and is subject to FICA and FUTA taxes. This deduction is to be effective with the pay period of:

_____, 20 _____

Deduct \$_____ per month (Please make the amount of your deferral in increments of \$10; the minimum contribution is \$20 per month). The amount that you select may be required to be reduced because of Internal Revenue Code provisions.

I wish to stop my contributions effective _____, 20 _____

I understand that if am stopping my deduction, I must wait until the next enrollment period before reinstating my contribution to the Plan. You may enroll on the first of January, April, July or October of each year.

Signature

Date

Please Return the Original to:

TOC-Woodworkers, IAM Defined Contribution Plan
1220 SW Morrison Street, Suite 300
Portland, OR 97205

Original Copy: Administrator's Copy

(1) Copy: Employer's Copy

(1) Copy: Employee's Copy