CEMENT MASONS AND PLASTERERS 401(K) TRUST 2023 APPLICATION FOR 401(K) DEFERRAL CONTRIBUTIONS

Important Note: This application applies to all participants whose employers are making contributions to this Plan on your behalf during 2023.

Please Print.

EMPLOYEE'S NAME	First Last				CELLP	HONE S	SOC SEC NO / WPAS ID NO
HOME ADDRESS		APT#			Ę	E-MAIL	DATE OF BIRTH
CITY STATE ZIP					CURRENT EMPLOYER		
salary that I w contributions	to have additional cont vould otherwise be paid to a 401(k) trust. I have	under the Collective indicated below the	e Bargaining Agree elevel of contribution	ment or Associatins I wish to have	te Agreement. I underst	and these will be	e employee pre-tax
	et be age 50 by Decem				¢/ 00	¢7.00	¢0.00
\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00
	50 or older before Jai	nuary 1, 2024, you	may choose from	one of the boxes	s above OR choose ca	tch-up contribu	tions by electing
one of the two o	ptions below.	¢	0.00	¢10.00			
		\$	9.00	\$10.00			
Employees partic	ipating under the terms	of an Associate Agr	eement for non-bar	gaining unit empl	oyees should confirm e	ligibility with thei	r employer.
have 2. You 3. The k	u do not make an ele- e to wait until the next can change to \$0.00 a level of contributions yo ons and Plasterers 401	open enrollment p t any time during t u may choose is you	eriod to change. he year. ur choice. The Trus	t provisions, inclu	uding distribution option	rules, will be out	·
This election will i	be effective after Janua	ry 1, 2023 with the f	irst payroll period fo	ollowing receipt a	nd processing by my en	nployer.	
☐ I began working	g in Local Union 528 jurisd	liction in the month/yea	ar of		·		
☐ I am a current p	participant in this Plan and	my employer is makir	ng contributions to this	s Plan on my behal	f.		
☐ I am newly eligi	ible to participate in this Pl	an with my first hours	worked for the month	/year of			·
☐ I am age 50 or	older before January 1, 20	024.					
Employee Signature					Date		
TERMINATION C	OF DEFERRALS						
receipt of this for	wage or salary deferra rm or as soon as admin next open enrollment pe	nistratively possible,					
	on to stop wage or sala mployers will continue t						
Employee Signate	ure				Date		
	g this form to the A of benefit election (•	-	e of your typed nan	ne as your sig	nature for
Mail form to:	Cement Masons and F Re: Open Enrollment PO Box 34203	Plasterers Trust Offi	ce C	Or email:	forms@wpas-inc.com	1	

After review by the Administration Office, your employer will be notified of your election deferral. Please keep a copy of the completed form for your own records.

Seattle, WA 98124-1203