PUGET SOUND ELECTRICAL WORKERS 401(K) SAVINGS PLAN
2027 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 2027.**

Please Print.

EMPLOYEE'S NAME First Last		CELL PHONE	SOC SEC NO / WPAS ID NO
HOME ADDRESS	APT #	E-MAIL	DATE OF BIRTH
CITY	STATE ZIP	CURRENT EMPLOYER	

☐ **YES -** I elect to have additional contributions made to the Puget Sound Electrical Workers 401(k) Savings Plan, which I understand will reduce the wages or salary that I would otherwise be paid under the Collective Bargaining Agreement or Special Agreement. I understand these will be employee pre-tax contributions to a 401(k) plan. I have indicated below the level of contributions I wish to have deducted from my wages or salary below.

Please check one box below to defer $X per hour of compensation.

$1.00	$2.00	$3.00	$4.00	$5.00	$6.00	$7.00	$8.00	$9.00	$10.00

Employees participating under the terms of a Special Agreement for non-bargaining unit employees are required to contribute on 173 hours per month.

This election will be effective with the first payroll period following receipt and processing by my employer.

☐ I began working in Local Union 46 in the month/year of _____.

☐ I am a current participant in this Plan and my employer is making contributions to this Plan on my behalf.

☐ I am newly eligible to participate in this Plan with my first hours worked for the month/year of _____.

☐ I am an apprentice that received a wage rate increase requesting my once per year special deferral change outside the OE period.

Employee Signature_____ Date_____

TERMINATION OF DEFERRALS

☐ I wish to stop wage or salary deferral contributions into the Puget Sound Electrical Workers 401(k) Savings Plan (*to be effective the first of the month following receipt of this form or as soon as administratively possible).* I understand that I will not be allowed to make another wage or salary deferral contribution election until the next open enrollment period.

Note: Your election to stop wage or salary deferral contributions does not affect your employer's obligation to pay required hourly employer contributions on your behalf. Employers will continue to make contributions as stated in the applicable Collective Bargaining Agreement or Special Agreement.

Employee Signature_____ Date_____

By submitting this form to the Administrative Office you consent to acceptance of your typed name as your signature for the purpose of benefit election on a digitally completed version of this form.

Mail form to: PSEW 401(k) Savings Plan
PO Box 34203
Seattle, WA 98124-1203

Or email: PSEW401K@wpas-inc.com

Or submit to: www.psewtrusts.com
go to "Contact Info" and select "Contact Us".

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.