PUGET SOUND ELECTRICAL WORKERS 401(K) SAVINGS PLAN 2025 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 2024.

Please Print										
EMPLOYEE'S NAM	ME First	Last				CELL PHONE		SOC SEC NO / WPAS	ID NO	
HOME ADDRESS			APT#			E-MAIL		DATE OF BIRTH		
CITY	CITY STATE ZIP					CURRENT EMPLOYER				
salary that contribution	at I would other ons to a 401(k) p	tional contribution wise be paid und plan. I have indicat	ler the Collective ed below the leve	e Bargaining Agreed of contributions	eement or Spec I wish to have de	ial Agreement. I	understand th	nese will be emp		
If you will no	\$1.00	0 by December 3	\$1, 2025, then p	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	1	
	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$0.00	\$1.00	\$0.00		
If you will be age 50 or older before January 1, 2026, then you may choose from one of the boxes above OR choose catch-up contributions by electing one of the two options below.										
			\$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 in 2025 requesting my once per year special deferral change outside the OE period.										
☐ I am age 5	0 or older before	January 1, 2026.								
Employee Signature						Date				
TERMINATIO	ON OF DEFERI	RALS								
☐ I wish to following rec	stop wage or sa eipt of this form	alary deferral con or as soon as a enext open enroll	administratively							
		wage or salary de rill continue to ma								
Employee Signature Date										
1 '	-	m to the Admi t election on a		-	-		ped name a	s your signati	ure for	

Mail form to: PSEW 401(k) Savings Plan Or email: PSEW401K@wpas-inc.com Or submit to: www.psewtrusts.com

PO Box 34203

Seattle, WA 98124-1203

Of 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.