



## ACRA Local Union No. 725 Defined Contribution Retirement Trust Fund

### Employee Elective Contribution Selection Form - 2019 Plan Year Election

**Please complete this form & return it using the pre-addressed envelope provided even if your election choice is "none".**

If you do not complete, sign and submit this form to the Fund Office by November 30, 2018, your Employer(s) will NOT be able to remit Employee Elective Contributions on your behalf to the DC Trust for the hours you are paid during 2019. There will be no exceptions. Before deciding whether to submit this election form, which will commit you to having Elective Contributions deducted from your gross pay and paid to the DC Trust, you should consider the effects that this decision might have on your net take-home pay. Please consult with your own personal financial and tax advisors for guidance.

I hereby make the Elective Contribution selection(s) circled so that my Employer(s) will deduct this amount from my wages and submit it to the ACRA Local 725 Defined Contribution Retirement Trust on my behalf.

A. Circle one hourly Elective Contribution amount below.							
None	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$7.00	\$9.00

The following "catch-up" selection only applies if you will be at least 50 years old on December 31, 2019:		
B. Circle one "catch-up" hourly Elective Contribution amount. This is in addition to your selection above.		
\$1.00	\$2.00	\$3.00

**PLEASE CLEARLY PRINT YOUR CONTACT INFORMATION:**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name:</td></tr> <tr><td style="padding: 2px;">Social security #:</td></tr> <tr><td style="padding: 2px;">Current employer:</td></tr> <tr><td style="padding: 2px;">Marital status (circle): MARRIED   DIVORCED   WIDOWED   SINGLE</td></tr> <tr><td style="padding: 2px;">Spouse name:</td></tr> <tr><td style="padding: 2px;">Marital status changed in the last year? (circle) YES   NO</td></tr> </table>	Name:	Social security #:	Current employer:	Marital status (circle): MARRIED   DIVORCED   WIDOWED   SINGLE	Spouse name:	Marital status changed in the last year? (circle) YES   NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Your birthdate:</td> <td style="padding: 2px;">Age on 12/31/2019:</td> </tr> <tr><td colspan="2" style="padding: 2px;">Street address:</td></tr> <tr><td colspan="2" style="padding: 2px;">City/state/zip:</td></tr> <tr><td colspan="2" style="padding: 2px;">Phone (home):</td></tr> <tr><td colspan="2" style="padding: 2px;">Phone (cell):</td></tr> <tr><td colspan="2" style="padding: 2px;">Personal email address:</td></tr> </table>	Your birthdate:	Age on 12/31/2019:	Street address:		City/state/zip:		Phone (home):		Phone (cell):		Personal email address:	
Name:																			
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Spouse name:																			
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Street address:																			
City/state/zip:																			
Phone (home):																			
Phone (cell):																			
Personal email address:																			

I understand that:

- This election will apply to all wages payable to me during the 2019 calendar year.
- I cannot change my election after November 30, 2018 for the 2019 calendar year.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_