# CONTRIBUTION FORM
## Building Service 32BJ Supplemental Retirement Savings Plan

| PARTICIPANT'S NAME | LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NO. | | |
|---|---|---|---|
| | | | |
| **STREET ADDRESS** | **CITY** | **STATE** | **ZIP CODE** |
| | | | |
| **EMAIL ADDRESS** | **EMPLOYEE NUMBER** | **DATE OF HIRE** | **DATE OF BIRTH** |
| | | | |

I have received a description of the Plan, and I hereby make the following election:

**Use this form to start making contributions, change the amount of your contributions, or stop your contributions to the Plan. Check the appropriate box below and select your desired amount.**

## I. CONTRIBUTION CHANGE

❏ **A. Start or Change Pre-Tax Contributions** – I elect to have $_____ (minimum $10) deducted per paycheck on a pre-tax basis and contributed to the Plan. I understand that in the event that my contributions in any year exceed those permitted by the Plan, the excess (plus any credited earnings) can be returned to me.

> **NOTE:** If you are age 50 or older, or will turn 50 by year's end, and you contribute the maximum allowed, you may make catch-up contributions. Catch-up contributions allow you to save above the normal IRS annual limit on a pre-tax basis. For current IRS limits, contact John Hancock.

❏ **B. Stop Contributions** – I elect to stop making pre-tax contributions to the Plan. I understand that my contributions will cease as soon as administratively possible following the return of this form. I also understand that I may elect to begin making pre-tax contributions by completing a new **CONTRIBUTION FORM**.

## II. INVESTMENT ELECTION

I understand that if I have an existing account balance and I have completed this **CONTRIBUTION FORM**, my current investment elections for my future contributions will remain in place until I access my account by contacting John Hancock. I also understand that if I have no existing investment election, all future contributions made on my behalf will be invested in Plan's default fund.

## III. SIGNATURE

I hereby authorize the Company to implement my election(s) as indicated on this form. I understand the amount I elect can be decreased by the Company at any time in order to comply with the requirements of the Internal Revenue Code.

Signature of Employee: _____  Date: _____

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### To Be Completed by Employer

The request for the above Participant is: ❑ *APPROVED* ❑ *NOT APPROVED*

If approved, the Employer is hereby authorized to make the payment in accordance with the above election.

*Employer:* _____  *Date:* _____

*Date form received by Employer:* _____

### Return this form to:  Your Employer's Payroll Office.