CONTRIBUTION AUTHORIZATION FORM THEATRICAL WARDROBE UNION
LOCAL 764 401(k) FUND
545 West 45th Street, 2nd Floor
New York, New York 10036
Tel: (212) 957-3500/Fax: (212) 957-3232
Email: 401kforms@ia764.org

1. **INSTRUCTIONS & IMPORTANT INFORMATION:**

- You must complete one of these forms each time you perform work for a new employer. Authorization for one employer to withhold a portion of your pre-tax salary does not authorize a different employer to withhold salary.

- You must also complete one of these forms each time you want to change the amount of withholding made by a particular employer, whether it be to increase the amount, decrease the amount or discontinue withholding altogether.

- Withholding may not be available through every employer. Please contact the Local 764 Union office to confirm that your employer will withhold a portion of your salary for contribution to the Local 764 401(k) Plan.

- Complete all portions of this Form. Give a copy to the payroll department of your employer and email a copy to the union office at 401kforms@ia764.org or fax a copy to the union office at 212-957-3232.

2. **PARTICIPANT INFORMATION:** Last Name_____ First Name_____

Social Security # _____-___-_____ Date of Birth _____ Telephone_____

Address:_____

City: _____ State _____ ZipCode _____

3. **EMPLOYER INFORMATION:**

Employer/Production: _____ Payroll Service, if applicable _____

4. CONTRIBUTION ELECTION:

I elect to contribute _____% of my pay before taxes to be deposited in my 401(k) account under the Local 764 401(k) Fund.

5. PARTICIPANT SIGNATURE

I hereby authorize the employer named above (or its authorized representative) to make the payroll deductions indicated above and remit those amounts to the Local 764 401(k) Fund on my behalf. I understand that the elected amount will be deducted from every payroll check issued to me by the employer named above unless I submit a new Contribution Authorization Form. I also understand that my total contributions to the Local 764 401(k) Fund are subject to annual limitations.

_____   _____

Participant Signature   Date