

On (date) \_\_\_\_\_ I elected to contribute \_\_\_\_\_ %  
of my salary per week either to the IATSE Annuity Fund or to  
the IATSE 401(k) Plan, to be deposited into my Deferred Salary  
Account. *Name of production in which employed*  
(if applicable): \_\_\_\_\_

### IATSE Deferred Salary Agreement Form

Submit the white copy to your current employer and the yellow to the Fund Office.

*NOTE: Before you complete this form, please refer to the end of this booklet to review certain restrictions and determine if you are eligible to defer a percentage of your salary either to the IATSE Annuity Fund or to the IATSE 401(k) Plan.*

Your name (first, middle, last): \_\_\_\_\_ Social Security number: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Name of production in which employed (if applicable): \_\_\_\_\_

Employer's name: \_\_\_\_\_

#### CHECK THE BOX(ES) THAT APPLY:

**401(k) DEFERRED SALARY CONTRIBUTION:** I elect to contribute \_\_\_\_\_ % of my salary\* per week\*\*, (to be deposited in my Deferred Salary Account, commencing as soon as practicable) to the following Plan. (Check one box below.)

**The IATSE Annuity Fund**

**The IATSE 401(k) Plan**

I understand that I may revoke or change my election at any time. Such revocation or change shall take effect as soon as practicable.

*\*For Annuity Fund Contributions: "Salary," for purposes of salary deferrals, is the amount subject to IATSE Annuity Fund contributions under the collective bargaining agreement between the employer and the Union.*

*\*\*Not to exceed the maximum limits permitted by law — refer to the end of this booklet for more information.*

**I ELECT NOT TO HAVE SALARY DEFERRED.**

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR EMPLOYER USE ONLY

Employer name (please print): \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Copy

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Fund Office Copy