

**PLUMBERS & PIPEFITTERS LOCAL UNION 101 – 401(k) PLAN**  
 4600 – 46<sup>th</sup> Avenue  
 Rock Island, Illinois 61201

**TAX DEFERRED SAVINGS ENROLLMENT FORM – CHANGE AND SUSPENSION FORM**

Name \_\_\_\_\_  
 Please Print

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_  
 Please Print

PLEASE COMPLETE:

**PART A** if you wish to enroll or to change the amount of your tax deferred savings deduction.

**PART B** if you wish to suspend your deductions.

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**PART A**

**ELECTION FOR PAY REDUCTION CONTRIBUTIONS**

I authorize my employer to reduce my hourly pay by				
\$1.00	\$2.00	\$3.00	\$4.00	\$5.00
\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
Per hour effective _____				

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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**PART B**

**SUSPENSION OF PAY REDUCTION CONTRIBUTIONS  
 REQUEST THAT MY PAY CONTRIBUTIONS BE SUSPENDED**

I understand that I can only resume my contributions on the first day of any calendar quarter hereafter. In order to resume contributions on the first day of any calendar quarter, I must submit a new enrollment form no later than the 15 <sup>th</sup> day of the month preceding the first month of the calendar quarter.
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\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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**\* RETAIN ONE COPY FOR YOUR RECORDS \***