



WESTERN WASHINGTON PAINTERS PENSION TRUST

Application For 401(k) Contributions

Instructions

If you want to make 401(k) contributions to the Western Washington Painters DC Pension Trust, change the amount of your 401(k) contribution, or cease contributions please complete this application and return it to your employer(s) so they can update their payroll information. Please provide a copy to the Trust office via the address, fax or email below.

Participant Information

Please provide us with the following information so we can identify you in our records and update those records if the information has changed.

	Last Name	First Name	Social Security Number	Date of Birth
Participant's Name			XXX-XX-_____	__/__/____
Mailing Address			Home Telephone	Mobile Telephone
City, State, Zip			()	()
Email				

Election Amount

You may elect \$1/hour to \$9/hour. The maximum contribution for 2019 is \$19,000.			If you are age 50 or older in 2019, you may elect an additional \$1/hour to \$3/hour as a "catch-up" contribution. The maximum contribution for 2019 is \$25,000.
<input type="checkbox"/> \$1/hour	<input type="checkbox"/> \$4/hour	<input type="checkbox"/> \$7/hour	<input type="checkbox"/> \$10/hour
<input type="checkbox"/> \$2/hour	<input type="checkbox"/> \$5/hour	<input type="checkbox"/> \$8/hour	<input type="checkbox"/> \$11/hour
<input type="checkbox"/> \$3/hour	<input type="checkbox"/> \$6/hour	<input type="checkbox"/> \$9/hour	<input type="checkbox"/> \$12/hour

I request the 401(k) contribution amount indicated above be withheld from my paychecks. I understand 401(k) contributions are subject to the terms of the Western Washington Painters DC Pension Plan.

Participant's Signature: _____ Date: _____

I request to stop all 401(k) contributions to the Western Washington Painters DC Pension Plan

Participant's Signature: _____ Date: _____