

**PLUMBERS & STEAMFITTERS LOCAL #434 AND MCA OF NORTHWEST WISCONSIN
 SUPPLEMENTAL/401(K) RETIREMENT PLAN (the "Plan")
 3001 Metro Drive, Suite 500, Bloomington, MN 55425
 Phone: 952-854-0795 or 1-800-535-6373**

ENROLLMENT/ELECTION FORM

1. REASON FOR COMPLETING FORM

- Plan Enrollment Rollover Contribution Deferral Change Change of Employee Information

2. PARTICIPANT INFORMATION (Please Print)

Current Employer: _____

Participant's Name: _____

Social Security #: _____

Street Address: _____

Date of Birth: _____

City: _____

State: _____

Zip: _____

3. SALARY REDUCTION AGREEMENT (401(k) Portion of the Plan)

I recognize that limitations under the Internal Revenue Code regulations for qualified retirement plans may affect the amount of my deferral. Accordingly, I hereby agree that my deferral shall be the level specified, or such lesser amount which, as determined by the Board of Trustees, is the maximum deferral I can elect under the limitations set forth in the Plan.

_____ I authorize my employer to withhold from my pay each pay period the pre-tax amount per hour indicated below and deposit the money in my Plan account:

- \$0.50 \$1.00 \$1.50 \$2.00 \$2.50 \$3.00 \$3.50 \$4.00 \$4.50
 \$5.00 \$5.50 \$6.00 \$6.50 \$7.00 \$8.00 \$9.00 \$10.00 \$11.00
 \$12.00 \$13.00 \$14.00 \$15.00 \$16.00 \$17.00 \$18.00 \$19.00 \$20.00

_____ I am age 50 or over and the amount elected above includes catch-up contributions.

_____ I hereby elect NOT to contribute to the Plan at this time. I understand that I may change this election for any future pay period by completing and returning a new Election Form to my Employer in accordance with Section 4 below.

Note: Your initial election takes effect as soon as administratively possible following the receipt of your completed Election Form by your Employer. If you do not enroll when you first become a Covered Employee or when you change employers, the rules under Section 4 apply.

4. EFFECTIVE DATES FOR DEFERRAL CHANGES

You can increase or decrease the amount of your deferral election by completing and filing this form with your Employer in accordance with the following rules:

- An election to increase or decrease your elective deferral is effective as of the next January 1 or July 1, provided your Employer receives this Election Form by December 10 for a January 1 effective date or by June 10 for a July 1 effective date, unless your Employer can accommodate and will accept more frequent changes.
- An election to suspend elective deferrals is effective as of the first day of the next payroll period that your Employer receives your Election Form. Generally, this can take at least 20 days to process the change once your Employer receives your Form.

5. AUTHORIZATION

I have received materials describing the Plumbers & Steamfitters Local #434 and MCA Supplemental/401(k) Retirement Plan (the "Plan"). I also confirm that I understand the terms of the Plan as and the conditions and limitations that affect my elections including the Plan's eligibility requirements and the effective date for deferral election changes as explained in the Plan's summary plan description. I also understand that participation in the 401(k) portion of the Plan is voluntary. I hereby authorize my Employer to make the payroll deduction of the amount I have elected above and understand that my election remains in effect until I revoke or change my election by executing a new Enrollment/ Election Form in accordance with Plan rules. I also understand that if I become employed by a Participating Employer other than the Employer listed in Section 2 above, I will be required to complete a new Enrollment/Election Form with my new Employer.

Participant's Signature

Date

PARTICIPANT - PLEASE GIVE COMPLETED FORM TO YOUR EMPLOYER.

**EMPLOYERS – PLEASE FAX A COPY OF THE ENROLLMENT/ELECTION FORM TO THE PLAN OFFICE:
 FAX NO. 952-851-3566 ATTENTION PENSION DEPARTMENT**

FOR PLAN OFFICE USE ONLY

Plan Administrator Signature

Participant's Plan Entry Date

Date Received From Employer