Iron Workers' Locals No. 15 and 424 Annuity Fund
162 West Street, Building 2, Suite J
Cromwell, CT 06416
Tel.: 203-238-1204

Income Deferral Agreement - 401(k) Election Form (*2026 version*)
Empower Plan ID Number: 780552-01

I. PARTICIPANT/EMPLOYEE SECTION

As permitted by the terms of the Iron Workers' Locals No. 15 and 424 collective bargaining agreement (CBA) and Iron Workers' Locals No. 15 and 424 Annuity Plan (Plan), I, the undersigned, an employee covered by the CBA, hereby direct my Employer to implement my Contribution Election specified below:

Contribution Election: I hereby elect to have my current compensation either: (1) not reduced (by circling $0.00), or (2) reduced by the amount I indicate below, in any whole dollar increment of $1.00 up to $5.00, for each hour paid, and to have that amount contributed to the Plan on my behalf by my Employer on a pre-tax basis as a deferral or "401(k)" contribution.

*CIRCLE ONLY ONE AMOUNT**: $0.00 $1.00 $2.00 $3.00 $4.00 $5.00

* ***IMPORTANT RULES***: Any contributions you make via this 401(k) deferral election, plus any net earnings, may **NOT** be withdrawn as an In-Service Distribution! Also, during 2026, the maximum 401(k) deferral amount permitted to the Plan by *any Participant* under the Internal Revenue Code is $24,500 OR $32,500 for those eligible to make "catch-up" deferrals. A Participant is eligible to make "catch-up" deferrals if s/he is at least age 50 in 2026, *or* will attain age 50 by the end of 2026. Any contributions in excess of the relevant limit would be returned in accordance with applicable Plan and IRS rules.

Acknowledgment by Employee: In making a Contribution Election of an elected amount, I acknowledge that such Election will apply only to compensation earned after this Form is signed and returned to my Employer and that it will take effect as soon as is reasonably possible after the submission date indicated below. *I also acknowledge that my Election is subject to the rules noted above and all of the terms and conditions of the Plan, which are subject to change.* I further acknowledge that I may elect to change my Election on a biannual basis – currently during the months of March and September. Also, subject to any applicable Plan rules or procedures governing recall rights (i.e., if you are laid off), I acknowledge that my Contribution Election will expire on the day my employment relationship with the Employer noted below ends.

Your Name (*please print*): _____ SSN (*last 4 digits only*):_____
Address: _____ Phone #: _____
_____ Birth Year: _____
Signature:_____ Date signed:_____
Date Submitted to Employer:_____ (*Participant insert date)*

II. EMPLOYER SECTION

Acknowledgement by Employer: This completed Income Deferral Agreement – 401(k) Election Form was received by the Employer named below on _____ (*insert date received*) and will be implemented as soon as administratively possible. Further, the Employer named below agrees to hold such compensation in trust, to transmit to the Plan amounts withheld from the above named Participant's compensation as 401(k) deferrals on a **bi-weekly basis**, and to comply with any applicable Plan and U.S. Department of Labor (DOL) rules regarding such deferrals, including DOL Reg. §2510.3-102.

Employer's Name (please print):_____ EIN:_____
(Employer Identification Number)
Employer Representative Name (please print): _____ Phone #:_____
Employer Representative's Signature: _____ Date signed:_____

Once both Section I and II contain all requested information, the Employer **must provide the Fund Office this Form by**:
(1) e-mailing a copy to: robert@ctironworkers.org **OR**
(2) faxing a copy to: 203.639.0815 **OR**
(3) mailing a copy to: Iron Workers' Locals No. 15 and 424 Annuity Fund, 162 West Street, Building 2, Suite J, Cromwell, CT 06416