Salary Deferral CHANGE Form for <u>2021</u>

*Do <u>**NOT**</u> use this form to Enroll for the first time!!*

Name _____
<div align="center">(<i>Last</i>)   (<i>First</i>)   (<i>Middle</i>)</div>

Street Address _____

City/State/ZIP _____

Phone Number: (_____) _____ Social Security #: _____

Store Name & Location: _____ Hire Date: _____

In <u>2021</u>, you can contribute ANY <u>percentage</u> of your income, up to the following limits:

 <u>$19,500</u> if you are <u>younger than 50</u> **OR** **<u>$26,000</u>** if you will be at least 50 years old in 2021.

Please check the appropriate box below:

 _____ I am <u>currently contributing</u> to this plan and want to CHANGE my salary deferral contribution to _____% per pay check

 _____ I <u>used to contribute</u> to this plan and want to CONTRIBUTE AGAIN by having _____ % taken out of each pay check

 _____ Please S T O P my salary deferral contributions immediately

 _____ I have reached or will reach age 50 during the calendar year and wish to continue my contributions once I reach the maximum amount allowable by law as a catch up contribution. **Note: If you are going to be at least 50 years of age in 2021 and wish to contribute you must check the box above.**

I authorize & direct my employer to withhold the above salary deferral percentage(s) from my compensation for deposit into the UFCW Local 1189 and St. Paul Food Employers 401(k) Plan. I understand that my salary deferrals are subject to Social Security (FICA) taxes. I understand & agree that the Fund Administrator may direct my employer to withhold and contribute lesser amounts on my behalf if, in the Plan Administrator's sole discretion, such action is needed to maintain the tax-qualified status of the Plan.

_____	_____
Signature of Participant	***Date Signed***

WHERE TO SEND THE FORM

Employee: *Complete form and give it to your **store manager or HR contact***

Store Manager: *Send form to your **<u>payroll department</u>** for salary deferral changes*

Payroll Department: *Send a **copy** of this form to Wilson-McShane for our files*

NOTE: Employers are only required to process changes *once a quarter* – **Jan 1, Apr 1, Jul 1 & Oct 1**. Also, your employer must receive this form <u>at least 15 days before the beginning of the calendar quarter</u>.