

**United Food & Commercial Workers Local Union #1189
and St. Paul Food Employers Defined Contribution Plan**

3001 Metro Drive – Suite 500
Bloomington, MN 55425

Wilson-McShane Corporation
Fund Administrators

Telephone: (952) 854-0795
Fax: (952) 854-1632
Toll Free: (800) 535-6373

Salary Deferral CHANGE Form for 2022

Do NOT use this form to Enroll for the first time

Name _____
(Last) (First) (Middle)

Street Address _____

City/State/ZIP _____

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

Store Name & Location: _____ Hire Date: _____

In 2022, you can contribute ANY percentage of your income, up to the following limits:

\$20,500 if you are younger than 50 **OR \$27,000** if you will be at least 50 years old in 2022.

Please check the appropriate box below:

- I am currently contributing to this plan and want to CHANGE my salary deferral contribution to _____% per pay check
- I used to contribute 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 2022 and wish to contribute you must check this box.**

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 **payroll department** 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 at least 15 days before the beginning of the calendar quarter.