

Hawaii Carpenters 401(k) Fund

Voluntary Contribution Worksheet

****To participate you must be: 45% Apprentice Level or higher****

Complete steps 1 through 4 and turn in to your employer. Please keep a copy for your records before doing so.

Step 1 Your Information

Name (Last, First, M.I.) _____ Social Sec. Num. _____

Mailing Address _____ Date of Birth _____

City/Town _____ State _____ Zip Code _____ Date of Hire _____

Home Phone _____ Cell Phone _____ Email _____

Step 2 Your Current Employer

Employer Name _____ Employer Phone _____

Step 3 Your Deduction Amount (must be whole dollar increments)

I want to make my before-tax contributions of \$ _____ PER HOUR. The amount **MUST BE WHOLE DOLLAR INCREMENTS** (e.g. \$1⁰⁰, \$2⁰⁰, \$3⁰⁰, etc.). The maximum amount you can contribute to your account in 2022 is \$20,500. If you are age 50 and over, the additional catch-up contribution is \$6,500, for a total contribution limit of \$27,000. (Signing this form constitutes your authorization for a catch-up contribution, if applicable). If you wish to discontinue your 401(k) employee contribution, indicate \$0.00 in the blank space above.

Step 4 Your Confirmation

I certify that the information above is accurate and complete. I give my employer permission to make changes to the portion of my pay that I am contributing to the plan, according to the instructions above.

Your Signature _____ Date _____

----- **Employer to complete this Section** -----

Company _____ Completed by: _____

____ / ____ / ____ is the pay period ending (PPE) date deductions are to begin.

Telephone #: _____ Signature: _____ Date: _____

Employer to return an executed copy to Hawaii Carpenters Trust Funds **by fax** (808) 841-2900 to or **mail to** 200 N. Vineyard Blvd., Bldg. A, Ste. 100, Honolulu, HI 96817 attn: 401(k) Fund.

----- **For Hawaii Carpenters Trust Fund Office use** -----
See reverse of form for 401k Rates History and any special notes.

Special Handling: Invalid Deduction Rate 40% Apprentice Level Member Acknowledge Incorrect Deduction

Worksheet sent to employer on: _____

Trust Fund Signature _____ Date _____ *Revised 01/2022*