

SOUTHERN CALIFORNIA PIPE TRADES DEFINED CONTRIBUTION FUND

501 Shatto Place, Suite 500, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 487-7921 | www.scptac.org | Info@scptac.org

Plan Number: LO5605

ENROLLMENT/CHANGE/OPT-OUT FORM

Last Name, First Name, Middle Initial		Social Security Number (last four digits required)
Address (address will be updated	in the SCPT Funds' records if different	t from what is on file)
Phone Number	E	mail Address
Date of Birth	Marital Status: Single	Married Widowed Legally Divorced (Date:
PART 2—ENROLLMEN	NT & CONTRIBUTION INI	FORMATION
401(k), even if the election is a	zero. If you wish to retain an exis	3, enter an election <u>both</u> for Pre-tax 401(k) <u>and</u> for After-tax Fiting election and add or change another (for instance, you want (k) contribution), list both elections.
I choose the automatic OR	c enrollment pre-tax 401(k) contrib	utions of \$0.50 per hour. (Overtime premium does not apply.)
I do not wish to particip employers I will be aut	pate in the Defined Contribution Pl tomatically enrolled at that time un	an; do not automatically enroll me. I understand that if I change less I execute a new opt-out form.
OR 3. I want to make the followate. a. Pre-tax 401(k)—I will reduce the am	owing Contributions: wish to contribute the following an nount of my taxable compensation	mount per hour as before-tax contributions. I understand that thi reported on Form W-2.
		mount \$ (in \$.25 increments)
When I work over elected to contrib \$1.50/hour.)	rtime, I also elect to have my contribut ute \$1/hour, when I work overtime pay	tion multiplied by the applicable overtime premium rate (for example, if I I rable at time-and-one-half, my contribution for those overtime hours will be
NOT reduce the a	amount of my taxable compensation	
		mount \$ (in \$.25 increments)
When I work over elected to contribe \$1.50/hour).	rtime, I also elect to have my contribut ute \$1/hour, when I work overtime pay	tion multiplied by the applicable overtime premium rate (for example, if I I able at time-and-one-half, my contribution for those overtime hours will be
PART 3—AUTHORIZA	TION & AGREEMENT	
	the disclosures found on both s	sides of this form.
That creat and tanderound		
X Signature		Date
PART 4—EMPLOYER	INFORMATION	

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