

RETIREMENT 401(K) PLAN

**NEW ENROLLMENT / INITIAL INVESTMENT
AUTHORIZATION FORM**

COMPLETED FORM SHOULD BE GIVEN TO YOUR EMPLOYER WITH YOUR TIME CARD AND W-4
A COPY OF THIS FORM MUST BE FORWARDED TO THE PLAN OFFICE AS SOON AS POSSIBLE

This form is intended for members of United Scenic Artists to enroll as participants of the Union's 401(k) Retirement Plan for the first time. For information regarding the Plan, or assistance in completing this form, please call 877.999.3555.

EMPLOYER INFORMATION

Payroll House / Employer Name: _____

Production Name: _____ Address: _____

Phone: _____

Fed. ID Number: _____

EMPLOYEE INFORMATION

Name: _____ Phone: _____

Address: _____ SSN: _____

_____ Date of Birth: _____

I wish to contribute _____ percent or \$ _____ of my income per pay period.

Employer Match (if applicable) 100% of the first _____% of income. (Up to 6%)

Note: An employee can elect to contribute up to 100% of his/her income; however the IRS imposes a maximum dollar amount of annual Employee Contributions. The actual contribution amounts may be further limited by language contained in your employer's collective bargaining agreement.

New participants will receive an Information Packet with detailed information regarding their investment options, as well as a Summary Plan Description booklet that outlines policies and information regarding the plan.

If you have not received an information packet within 60 days after submitting this form, please contact the Fund Office at (877) 999-3555

I have read the above information and I authorize my employer to deduct the indicated moneys from my salary on a before-tax basis.

Employee Signature

Date

TO BE COMPLETED BY EMPLOYER:

Date Payroll Deductions Start

Employer Signature