

RETIREMENT 401(K) PLAN

INVESTMENT AUTHORIZATION FORM

COMPLETED FORM SHOULD GO TO EACH EMPLOYER WITH YOUR TIME CARD AND W-4

A COPY OF THE FORM SHOULD BE SENT TO THE PLAN OFFICE AS SOON AS POSSIBLE

This form is intended for participants already enrolled in United Scenic Artists, 401(k) Plan for use with New Employer or to change your percentage contribution with a current Employer.

EMPLOYER INFORMATION

Payroll House / Employer Name: _____

Production Name: _____ Address: _____

Phone: _____

Fed ID Number: _____

EMPLOYEE INFORMATION

Name: _____

I wish to stop my contributions.

Address: _____

I wish to contribute ____ % or \$_____ of my income per pay period. (On a before-tax basis).

Phone: _____

Employer Match (if applicable):

S.S.#: _____

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.

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

Signature

Date

TO BE COMPLETED BY EMPLOYER:

Date Payroll Deductions Start/Stop

Employer Signature

Local 829 Retirement 401(k) Plan
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