



UNITED SCENIC ARTISTS, LOCAL 829 401(k) RETIREMENT PLAN
TWO GATEWAY CENTER: 603 STANWIX ST, SUITE 1500 PITTSBURGH, PA 15222-1534
PHONE 866-798-5733 or 201-947-8000 + FAX 201-947-9192

INVESTMENT AUTHORIZATION & ENROLLMENT FORM

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

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

Send to: THE FUND OFFICE localusa829funds@zenith-american.com and YOUR EMPLOYER

This form is intended to enroll participants in United Scenic Artists, Local 829 401(k) Plan. For those who are participants in the 401k Plan, this document is to be used with a 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

DOB: ____/____/____

Name: _____

Address: _____

Phone: _____

S.S.#: _____

* 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 the collective bargaining agreement you are working under.

****Employees age 50 and over (including those who will turn age 50 by the end of the current calendar year) are eligible to make additional "catch-up contributions" up the annual limit published each year by the IRS. Starting in 2025, those who will turn ages 60 to 63 by the end of the calendar year are eligible to make an even higher catch-up contribution. If you would like to utilize the additional "catch-up" contributions, please make your election in the section to the right.**

Elective Deferrals*

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

I wish to stop my contributions

"Catch-Up" Election**

(For employees aged 50 and over only)

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

I wish to stop my "catch-up" contributions

If you have contributed to more than one employer this year, please contact Zenith; you may be approaching the maximum allowed by the IRS

TO BE COMPLETED BY EMPLOYEE:

I have read the above information and I authorize my employer to deduct the indicated percentage, if any, from my salary on a before-tax basis. I understand that I will be notified as to the disposition of any contributions and/or earnings, which must be either returned because they exceed the maximum permitted by law or other regulatory limitations. Also, I understand that if I have never indicated investment direction, future contributions and existing balances will be invested in the Plan's qualified default investment alternative. This form will be processed as soon as administratively possible.

Signature

Date

TO BE COMPLETED BY EMPLOYER:

Date payroll deductions start/stop

Employer Signature

Once completed please email a scanned copy to
localusa829funds@zenith-american.com
(Attn: FUND OFFICE) and to your employer.