

CONTRIBUTION FORM

Building Service 32BJ Supplemental Retirement Savings Plan

PARTICIPANT'S NAME		LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	EMPLOYEE NUMBER	DATE OF HIRE	DATE OF BIRTH

Use this form to start making contributions, change the amount of your contributions, or stop your contributions to the Plan. Check the appropriate box below and select your desired amount.

I. CONTRIBUTION CHANGE

- A Start or Change Pre-Tax Contributions** – I elect to have \$ (minimum \$10) deducted per paycheck on a pre-tax basis and contributed to the Plan. I understand that in the event that my contributions in any year exceed those permitted by the Plan, the excess (plus any credited earnings) can be returned to me.
- NOTE: If you are age 50 or older, or will turn 50 by year's end, and you contribute the maximum allowed, you may make catch-up contributions. Catch-up contributions allow you to save above the normal IRS annual limit on a pre-tax basis. For current IRS limits, contact John Hancock.*
- B Stop Contributions** – I elect to stop making pre-tax contributions to the Plan. I understand that my contributions will cease as soon as administratively possible following the return of this form. I also understand that I may elect to begin making pre-tax contributions by completing a new **CONTRIBUTION FORM**.

II. CONTRIBUTION CHANGE

I understand that if I have an existing account balance and I have completed this **CONTRIBUTION FORM**, my current investment elections for my future contributions will remain in place until I access my account by contacting John Hancock. I also understand that if I have no existing investment election, all future contributions made on my behalf will be invested in Plan's default fund.

III. SIGNATURE

I hereby authorize the Company to implement my election(s) as indicated on this form. I understand the amount I elect can be decreased by the Company at any time in order to comply with the requirements of the Internal Revenue Code.

Signature of Employee: Date:

To Be Completed by Employer

The request for the above Participant is: *APPROVED* *NOT APPROVED*
 If approved, the Employer is hereby authorized to make the payment in accordance with the above election.

Employer: _____ Date: _____

Date form received by Employer: _____

Return this form to: Your Employer's Payroll Office.