

UFCW Local #789 & St. Paul Food Employers Defined Contribution 401(k) Plan

Wilson-McShane Corporation - Plan Administrator
952-854-0795 or 1-800-535-6373

Salary Deferral **CHANGE** Form for **2009**

Do **NOT** use this form to Enroll for the first time!!

Name _____
(Last) (First) (Middle)
Street Address _____
City/State/ZIP _____
Phone Number: (____) _____ Social Security #: _____
Store Name & Location: _____ Hire Date: _____

In **2009**, you can contribute ANY **percentage** of your income, up to the following limits:

\$16,500 if you are 50 or younger OR **\$22,000** if you will be at least 50 years old in 2009

NOTE: If you are going to be at least 50 years of age in 2009 and wish to contribute more than \$16,500, your payroll department might require you to write down **TWO** percentages to be withdrawn from each pay check: **ONE** percentage to contribute up to **\$16,500**, and **ANOTHER** percentage to contribute the additional **\$5,500**.

Please complete the appropriate spaces below:

- _____ I am **currently contributing** to this plan and want to **CHANGE** my salary deferral contribution to _____% per pay check
- _____ I **used to contribute** to this plan and want to **CONTRIBUTE AGAIN** by having _____% taken out of each pay check
- _____ Please **S T O P** my salary deferral contributions immediately
- _____ I am at least **50 years of age** and wish to contribute **more than \$16,500 this year**. Therefore, please take an **ADDITIONAL** _____% out of each pay check

I authorize & direct my employer to withhold the above salary deferral percentage(s) from my compensation for deposit into the UFCW Local 789 and St. Paul Food Employers 401(k) Plan. I understand that my salary deferrals are subject to Social Security (FICA) taxes. I understand & agree that the Fund Administrator may direct my employer to withhold and contribute lesser amounts on my behalf if, in the Plan Administrator's sole discretion, such action is needed to maintain the tax-qualified status of the Plan.

Signature of Participant

Date Signed

WHERE TO SEND THE FORM

Employee: Complete form and give it to your **store manager or HR contact**

Store Manager: Send form to your **payroll department** for salary deferral changes

Payroll Department: Send a **copy** of this form to Wilson-McShane for our files

NOTE: Employers are only required to process changes *once a quarter* – **Jan 1, Apr 1, Jul 1 & Oct 1**. Also, your employer must receive this form at least 15 days before the beginning of the calendar quarter.