

United Food and Commercial Workers Local Union #1189 & St. Paul Food Employers Defined
Contribution Plan
Wilson-McShane Corporation - Plan Administrator
952-854-0795 or 1-800-535-6373

Salary Deferral CHANGE Form for 2012

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 **2012**, you can contribute ANY percentage of your income, up to the following limits:

\$17,000 if you are younger than 50 **OR** **\$22,500** if you will be at least 50 years old in 2012

Please check the appropriate box 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 have reached or will reach age 50 during the calendar year and wish to continue my contributions once I reach the maximum amount allowable by law as a catch up contribution. **Note: If you are going to be at least 50 years of age in 2012 and wish to contribute you must check the box above.**

I authorize & direct my employer to withhold the above salary deferral percentage(s) from my compensation for deposit into the UFCW Local 1189 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.