

**San Francisco Electrical Workers Retirement Savings Plan  
401(k) Election and Compensation Reduction Agreement for 2021**

I wish to make the following 401(k) elective deferral from my 2021 hourly wages to my account in the San Francisco Electrical Workers Retirement Savings Plan:

Check One:

- \_\_\_\_\_ None
- \_\_\_\_\_ \$1.00
- \_\_\_\_\_ \$2.00
- \_\_\_\_\_ \$3.00
- \_\_\_\_\_ \$4.00
- \_\_\_\_\_ \$5.00
- \_\_\_\_\_ \$6.00
- \_\_\_\_\_ \$7.00
- \_\_\_\_\_ \$8.00

Effective for wages paid on and after July 1, 2021, I hereby authorize my employer to reduce my wages in accordance with the rate level specified above (\$0.00 to \$8.00), and to pay the amount of that reduction to the Plan as a 401(k) contribution. My elective deferrals for 2021 may not exceed the \$19,500 annual limitation set forth in the Internal Revenue Code, with the exception of an additional \$6,500 “catch-up” deferral if I will have attained age 50 by year-end. My signature below authorizes my employer to reduce my compensation in the amount I have chosen above effective July 1, 2021. **I understand that after June 3, 2021, I will be able to change my election only during future semi-annual open enrollment periods, though I may revoke it entirely at any time.**

EISB will notify my employer of my election and will hold my election on file. The amount of this election will appear on any dispatch form that I may receive from IBEW Local 6 during 2021.

Signature: \_\_\_\_\_ Last 4 Digits SSN: XXX-XX- \_\_\_\_\_

Print Name: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

Participant Address: \_\_\_\_\_

**\*\* Form MUST be received in our office by June 3, 2021 (NOT postmark by this date) \*\***

Return Form To: E.I.S.B., Inc., 720 Market St., Ste. 700, San Francisco, CA 94102

NOTE: If this form is not returned, your election currently in effect, if any, will roll over to the next semi-annual period