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MCASF LOCAL 725 DEFINED CONTRIBUTION RETIREMENT PLAN Employee Elective Contribution Election Form – 2021 Plan Year

NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	
ADDRESS	DATE OF BIRTH	
ADDRESS	DATE OF BIRTH	
CITY, STATE, ZIP	YOUR AGE as of 12/31/2021	
TELEPHONE	MARITAL STATUS	
TELEFRONE	MANUAL STATOS	
	☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED	
EMAIL ADDRESS	DID YOUR MARITAL STATUS CHANGE IN THE LAST YEAR?	
EMBI OVER	YES NO IF YES, DATE OF CHANGE:	
EMPLOYER	SPOUSE'S NAME (Last, First, Middle)	
YOUR ELECTION MUST BE RECEIVED AT THE FUND OFFICE NO LATER THAN NOVEMBER 30, 2020		
Your employer will NOT be able to remit Employee Elective Contributions on your behalf to the Defined Contribution Trust		
Fund for hours you are paid during 2021 if you do not submit this form timely. There are NO exceptions. This election is for the		
entire 2021 calendar year and cannot be changed.		
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Before deciding whether to submit this election form, which will commit you to having Elective Contributions deducted from your gross pay and paid to the Defined Contribution Trust Fund, you should consider the effects this election will have on your net takehome pay. You should consult a financial and tax advisor prior to making your selection. This election is for the entire 2021 year and cannot be changed.

2021 HOURLY ELECTIVE CONTRIBUTION	CATCH-UP 2021 HOURLY ELECTIVE CONTRIBUTION
Please check off the amount of an hourly elective contribution you wish your employer to deduct from your gross pay and remit on your behalf to the Defined Contribution Trust Fund for 2021. The maximum contributions allowed for 2021 is \$19,500.00	If you will be at least 50 years old on December 31, 2021, you may elect to have a "catch-up" hourly elective contribution in addition to your 2021 hourly elective contribution selected in the grid to the left. The maximum contributions allowed for 2021 is \$6,500.00
NONE \$ 1.00 \$ 2.00 \$ 3.00 \$ 4.00 \$ 5.00 \$ 7.00 \$ 9.00 \$ 10.00	Please check off the amount of a "catch-up" hourly elective contribution you wish your employer to deduct from your gross pay and remit on your behalf to the Defined Contribution Trust Fund for 2021. You must select a 2020 hourly elective contribution before selecting the catch-up hourly elective contribution. \$ 1.00 \$ 2.00 \$ 3.00 \$ 4.00

I hereby certify that I understand that this (these) election(s) will apply to all wages payable to me during the calendar year 2021 and that I cannot change my election after November 30, 2020 for the 2021 calendar year. I further understand that if I change employers any time during calendar year 2021 or after this election form is submitted to the Fund Office, I must inform my new employer of my election.

employer of my election.	
Participant's Signature	Date