

SAN DIEGO ELECTRICAL ANNUITY PLAN

4545 Viewridge Avenue, Suite 110, San Diego, CA 92123 - (858)569-6322 or (800)632-2569

Change/Rescission Form

I. EMPLOYEE INFORMATION	
Name (Last, First, MI)	Social Security Number
Address	Date of Birth
City State Zip	Home Phone
Email Address	Cell Phone
Current Employer IBEW Local #	Marital Status
Are you employed under a Collective Bargaining Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Hire

II. CONTRIBUTION RATE																					
A. I authorize the following percentage or flat amount of my pre-tax compensation to be contributed to the plan each pay check. If you do not want any of your compensation contributed to your Plan account, enter '0%'.	<table border="0"> <tr> <td>0%</td> <td>1%</td> <td>2%</td> <td>3%</td> <td>4%</td> </tr> <tr> <td>5%</td> <td>6%</td> <td>7%</td> <td>8%</td> <td>9%</td> </tr> <tr> <td>10%</td> <td>11%</td> <td>12%</td> <td>13%</td> <td>14%</td> </tr> <tr> <td>15 %</td> <td colspan="4">Other _____ (Write in)</td> </tr> </table>	0%	1%	2%	3%	4%	5%	6%	7%	8%	9%	10%	11%	12%	13%	14%	15 %	Other _____ (Write in)			
0%	1%	2%	3%	4%																	
5%	6%	7%	8%	9%																	
10%	11%	12%	13%	14%																	
15 %	Other _____ (Write in)																				
B. This amount will apply until written direction for change is received.	<p>The maximum pre-tax contribution amount is \$20,500 for 2022. An additional annual catch-up contribution of \$6,500 is allowed for participants age 50 and older.</p>																				
C. The election will be effective as soon as received and processed by your employer's payroll office/department.																					
D. Rescind my election to have my pre-tax compensation withheld. <input type="checkbox"/>																					

III. AUTHORIZATION AND SIGNATURE	
<p>I hereby authorize the change or rescission of plan contributions in accordance with the percentage or amount I have indicated above. I understand this constitutes a "cash or deferred" arrangement under section 401(k) of the IRC and that my contributions are subject to the withdrawal restrictions of the Plan.</p>	
Date	Signature