

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%'.	0% 1% 2% 3% 4% 5% 6% 7% 8% 9%
B. This amount will apply until written direction for change is received.	10% 11% 12% 13% 14%
C. The election will be effective as soon as received and processed by your employer's payroll office/department.	15 % Other _____ (Write in)
D. Rescind my election to have my pre-tax compensation withheld. <input type="checkbox"/>	The maximum pre-tax contribution amount is \$23,000 for 2024. An additional annual catch-up contribution of \$7,500 is allowed for participants aged 50 and older.

III. AUTHORIZATION AND SIGNATURE	
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.	
Date	Signature