

SAN DIEGO ELECTRICAL ANNUITY PLAN

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

CHANGE / RESCISSION FORM

EMPLOYEE INFORMATION (Please print clearly):

Name

Date of Birth

Social Security #

Address

Email Address

Phone Number

Marital Status

Current Employer

IBEW Local #

Are you employed under a Collective Bargaining Agreement (do you work in the field)? YES ☐

NO ☐

CONTRIBUTION RATE:

- I authorize the following percentage or flat amount of my pre-tax compensation to be contributed to the plan each paycheck. **If you do NOT want any of your compensation contributed to your Plan account, please circle 0%.**
- This amount will apply until the Trust gets notified in writing to change the deducted amount.
- This election will be effective as soon as your employer's payroll department / office receives and processes this directive.
- The maximum pre-tax contribution amount for **2026 is \$24,500**. An additional annual catch-up contribution of \$8,000 is allowed for participants aged 50 and older.

PLEASE CIRCLE CONTRIBUTION RATE

0% 1% 2% 3% 4% 5% 6% 7%

8% 9% 10% 11% 12% 13% 14% 15%

Other: _____ % (Write-in amount)

AUTHORIZATION AND SIGNATURE:

I hereby authorize payroll deduction of plan contributions in accordance with the percentage or amount I have indicated above. I understand that this constitutes a "cash or deferred" arrangement under section 401K of the IRC and that my contributions are subject to the withdrawal restrictions of the plan.

Signature

Date