

NEW MEXICO PIPE TRADES PENSION TRUST FUND-PLAN B 401(K) OPTION

Enrollment/Change and Beneficiary Designation Form

All changes must be received by March 15 and will become effective for hours worked on or after April 1.

About This Form

Use this Form to enroll in the 401(k) option under Plan B of the New Mexico Pipe Trades Pension Trust Fund, to change the amount of your contribution, to change your beneficiary designation, or stop participating. *(Check the one which applies to your situation)*

- | | |
|---|---|
| <input type="checkbox"/> To start or resume contributions
(complete entire Form) | <input type="checkbox"/> To change the amount you contribute
(complete Parts I, II and IV) |
| <input type="checkbox"/> To stop all contributions
(complete Parts I and IV) | <input type="checkbox"/> To change your beneficiary designation
(complete Parts I, III and IV) |

I. Personal Information

Name _____

Personal Address _____

Social Security Number _____ Date of Birth _____

Current Employer _____

II. To Start Or Change Your Contributions

Please circle the dollar amount you wish to contribute to the Plan for each hour you work in covered employment. Each pay period your paycheck will be reduced by the dollar amount you contribute to the Plan on a before-tax basis.

.50¢/hour
 \$1.50/hour
 \$2.75/hour
 \$3.75/hour
 \$4.50/hour
 \$7.00/hour

III. To Designate Or Change Your Beneficiary

I designate the following beneficiary(ies) to receive the value of my Employee Account under Plan B of the New Mexico Pipe Trades Pension Trust Fund in the event of my death. This designation revokes any and all formal beneficiary elections previously made by me under this Plan with respect to my Employee Account.

Please write your beneficiary here. Including name(s) relationship and percentage of account. Give full name of beneficiary - example, Mary J. Smith, not Mrs. John R. Smith. If you require more space, please attach a separate sheet of paper. Total must add up to 100%

Name of Beneficiary	Social Security	Address	Relationship*	Percentage

*Please indicate the date of birth of any beneficiary under age 21.

Spouse's Consent

Are you (check one): Single Married Separated Divorced Widowed

If you are married, your spouse is automatically your sole beneficiary, unless you choose to name someone else. If you name someone else, federal law requires this Form also be signed by your spouse and witnessed by a notary public.

I consent to this beneficiary designation and understand that in the event of my spouse's death only the persons listed above will receive the benefits payable from my spouse's Employee Account under Plan B of the New Mexico Pipe Trades Pension Trust Fund.

Spouse's Signature _____ Date _____ Witness by Notary: _____

In and For _____ County _____ State _____

My Commission Expires: _____

IV. Employee Authorization And Signature

I authorize the payroll deductions and beneficiary designation stated above. I certify that all information is complete and accurate to the best of my knowledge.

Employee's Signature _____ Date _____

PLEASE RETURN THIS ORIGINAL ADMIN. COPY TO:

Administrative Office
6301 Indian School Road, Ste. 660
Albuquerque, NM 87110

WHITE - Original Copy
CANARY - Admin. Copy
PINK - Participant's Copy

