

BAC SAVE Enrollment Form

Bricklayers & Trowel Trades International 401(k) Retirement Savings Plan Enrollment/Beneficiary and Contribution Designation Form

Employee Information *Please print or type all information except your signature*

Name (last, first, middle initial) _____

Home Address (street or PO Box) _____

City _____

State _____

Zip _____

Social Security Number _____

E-mail Address _____

Birth date _____

Home Telephone Number _____

Employment Category: _____

Home/Local # _____

State _____

Marital Status _____

Please Check One:

Union/Bargained employee Union officer Non-Bargaining/Non-jobsite employee – Name of Corporation _____

Owner/Operation – Name of Corporation _____

Annual Contribution Authorization

I authorize the following **hourly** contribution to be deducted from my pay by my employer and credited to my account under the BAC SAVE 401(k) Retirement Savings Plan:

- \$0.25 \$0.50 \$0.75 \$1.00 \$1.25 \$1.50 \$1.75 \$2.00 \$2.25 \$2.50
 \$2.75 \$3.00 \$3.25 \$3.50 \$3.75 \$4.00 \$4.25 \$4.50 \$4.75 \$5.00
 \$5.25 \$5.50 \$5.75 \$6.00 \$6.25

Check here if this is a change in contribution.

Check here if you want contributions stopped.

Investment Authorization

I understand that my initial contributions will be invested in the appropriate Target Date Fund based on my age at retirement. Otherwise, in accordance with Plan provisions, I will contact Wells Fargo at 1-800-728-3123 or by visiting the Wells Fargo Internet Web Page (www.wellsfargo.com) and instruct them how I want my contributions invested among the plan options.

Beneficiary Designation

Please complete the section below to name the person(s) to receive benefits from your account upon your death. By law, if you are married and want to name someone other than or in addition to your spouse as primary beneficiary, you and your spouse must sign a notarized agreement to that effect (see below). If you elect multiple primary beneficiaries, attach a separate list to this form and indicate the proportion each will share in the distribution.

Primary Beneficiary _____

Relationship _____

Percentage _____

Birth date _____

SS# _____

Spousal Authorization

Note: The following must be completed if you wish to name someone other than or in addition to your spouse as Primary Beneficiary.

I hereby consent to the designation of a primary beneficiary other than myself. I understand that upon my spouse's death, **I will not receive a benefit from the Plan** if or to the extent that another beneficiary is named.

Employee's Spouse Signature _____ Date _____

Witnessed By _____ Plan Representative _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public _____ County _____

My Commission Expires _____

The above information is accurate and complete. I understand that these elections will remain in force until I change them according to the terms of the Plan.

Signature of Participant _____ Date _____

Return this original form to the Plan Office. Please make and keep a copy for your own records.