

**PIPEFITTERS LOCAL 597 INDIVIDUAL ACCOUNT & 401(k) PLAN
SALARY DEFERRAL AGREEMENT**

Phone (312) 633-0597 - Fax (312) 829-9796
www.pf597.org

TO BE FILLED OUT BY UNION MEMBER

Member Name: _____

Union Card #: _____ Social Security #: _____

I hereby elect to defer to the Pipe Fitters' Individual Account and 401(k) Plan, Local 597 the amounts or percentage designated below, and I hereby authorize the Employer to deduct that amount or percentage from my gross pay on a pre-tax or after-tax basis as follows:

Pre-Tax Salary Deferral Contribution. A dollar amount per pay period (\$ _____) or a percentage of my gross paycheck (_____ %) deferred on a **pre-tax** basis.

Roth 401(k) Contribution: A dollar amount per pay period (\$ _____) or a percentage of my gross paycheck (_____ %) deferred on an **after-tax** basis.

By affixing my signature below, I understand that I will need to fill out a new Salary Deferral Agreement for each new employer. Each deferral election with a particular employer will remain in effect until I provide subsequent change to that election. I understand that there are limits set by law on how much I may defer into the 401(k) Plan in any given calendar year.

Annual limits on elective 401(k) deferrals are as follows:

Year	Under Age 50	Age 50 and Older*
2024	\$23,000 (including Roth contributions)	\$30,500 (including Roth contributions)

*Members age 50 or older by the end of the calendar year may make additional elective deferral contributions annually.

Member Signature: _____ Date: _____

After completing the Union Member section, please forward this form to your Employer for processing.

TO BE FILLED OUT BY EMPLOYER

Employer Name: _____

Address: _____

Telephone: _____ Fax #: _____

Month and Year: _____

Please remit all salary deferrals once monthly through the EmployerXG system. All remittances for the period reported must be sent as soon as administratively possible so they are received no later than the 15th of the following month.

Print three copies of this Salary Deferral Agreement for the following:

1. Member's copy
2. Employer's copy
3. Pipe Fitters Local 597 U. A. 401(k) Plan

Please consult your Summary Plan Description for more information.

Reset

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