

BAC SAVE Enrollment Form

Instructions to Enroll for the First Time

1. The completion of this Form should be done through the Plan Office. Be sure to complete each item on this Form. Your completed Form should be mailed to the Plan Office using the address listed below.
2. The contribution you authorize will be deducted from your hourly wage rate on a pre-tax basis. Subject to the terms of your local Collective Bargaining Agreement, contributions can range from a minimum of \$0.25 to a maximum of \$6.25 per hour worked, in increments of \$0.25 only. You will need to consider your contribution rate carefully, since you may only change your rate once a year.
3. After the Plan Office has processed your Form, you will receive a Salary Deferral Card that is yours to keep. Your Salary Deferral Card will contain your personal identification and your authorized contribution amount. Show this card whenever you begin work for an employer who participates in the 401(k) plan.
4. Each employer who has agreed to participate in the 401(k) Plan is responsible for deducting from your pay the correct amount of contribution you have designated. To ensure that this is taking place, you should check with each employer that you work for to confirm that the employer is deducting the correct hourly contribution that you have authorized while you are working under a collective bargaining agreement that contains the BAC SAVE 401 (k) Plan.

Instructions to Change Your Savings Amount

You will need to consider your contribution rate carefully, since you may only change your rate once a year. If you decide to make a change or stop contributing, you must complete a new Enrollment Form. Be sure to check the Change in the Contribution Box, sign the Form and submit it to the Plan Office. You will then receive a new Salary Deferral Card that shows the new contribution amount. You must show this new card to your present employer in order for the change to take effect.

NOTE for Owner / Operators:

Owner/Operators and officers and directors of Incorporated employers are also eligible to participate in the 401(k) Plan. However, please note the contribution limitations discussed below.

As an owner, contributions to the 401(k) Plan will be limited to 2% of compensation. Federal law may further restrict your contributions or in some cases require a refund of contributions after the close of a calendar year. This determination will be based on the average contribution rate for your non-bargained employees who are also eligible to participate in the Plan according to IRS formulas. Please refer to the Employer Instruction Sheet for important additional information prior to your completion of the Enrollment Form for yourself and/or any of your employees.

Address of Plan Office:

Bricklayer & Trowel Trades International 401(k) Retirement Savings Plan
Attn: IPF, Suite 750
1776 Eye Street, N.W.
Washington, D.C. 20006
1-888-880-8BAC
Fax (202) 347-7339
<http://www.ipfihf.org>



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 _____
- Headquarters staff 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 SMA Bond Index Fund. In accordance with Plan provisions, I will contact Comerica at 1-800-538-2476 and instruct them how I want my contributions invested among the plans 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 _____ Date _____
Plan Representative

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

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.