

HOTEL UNION AND HOTEL INDUSTRY OF HAWAII 401(k) RETIREMENT SAVINGS PLAN
c/o BENEFIT & RISK MANAGEMENT SERVICES, INC.
560 NORTH NIMITZ HIGHWAY, SUITE 209 HONOLULU, HI 96817
PHONE (808) 523-0199 FAX (808) 537-1074

401(k) CATCH-UP CONTRIBUTION ELECTION FORM

_____ LAST NAME	_____ FIRST NAME	_____ M.I.	_____ S.S. NUMBER
_____ MAILING ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
_____ COMPANY	_____ DEPARTMENT	_____ DATE OF BIRTH	_____ DATE OF HIRE
MARITAL STATUS: SINGLE/MARRIED	SEX: MALE/FEMALE	PHONE NO. _____	

I. ELECTION OF 401(K) CATCH-UP CONTRIBUTION PERCENTAGE

INDICATE THE WITHHOLDING PERCENTAGE (%) OF YOUR GROSS PAY PER PAY PERIOD THAT YOU WISH TO CONTRIBUTE AS CATCH-UP CONTRIBUTIONS BY PAYROLL DEDUCTIONS TO THIS PLAN.

_____ % PER PAY PERIOD (MUST BE A WHOLE PERCENTAGE BETWEEN 3% - 100%)

CURRENT MAXIMUM AMOUNT TO BE DEDUCTED FOR **2024** MUST NOT EXCEED \$7,500.00.

*PLEASE NOTE THAT YOU MUST ATTAIN THE MINIMUM AGE OF 50 BY THE END OF THE YEAR FOR WHICH THIS ELECTION IS BEING MADE TO BE ELIGIBLE FOR CATCH-UP CONTRIBUTIONS.

THIS CATCH UP CONTRIBUTION ELECTION WILL BE EFFECTIVE AFTER YOU REACH THE NORMAL ANNUAL LIMIT OF \$23,000.00 FOR **2024**.

PAYROLL DEDUCTION AUTHORIZATION:

EMPLOYEE AUTHORIZATION: I HEREBY AGREE TO ALL OF THE TERMS AND CONDITIONS OF THE INVESTMENT PLAN, AND AUTHORIZE PAYROLL DEDUCTIONS AS INDICATED ABOVE.

EMPLOYEE'S SIGNATURE

DATE