

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

## EMPLOYEE 401(k) DEDUCTION CHANGE 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. _____	

INDICATE THE NEW WITHHOLDING PERCENTAGE (%) OF YOUR GROSS PAY PER PAY PERIOD THAT YOU WISH TO CONTRIBUTE 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 100% OF GROSS PAY OR \$23,000.00 WHICHEVER IS LESS.

**THIS FORM MUST BE FILED WITH THE TRUST FUND OFFICE AT LEAST 15 DAYS BEFORE THE START OF THE QUARTER THAT YOU WANT THE CHANGE TO BECOME EFFECTIVE.**

CHANGE IN PAYROLL DEDUCTIONS:

EMPLOYEE AUTHORIZATION: I HEREBY AGREE TO ALL OF THE TERMS AND CONDITIONS OF THE INVESTMENT PLAN, AND AUTHORIZE PAYROLL DEDUCTIONS AS INDICATED ABOVE. I UNDERSTAND THAT I MAY CHANGE MY CONTRIBUTION PERCENTAGE ON THE FIRST DAY OF ANY CALENDAR QUARTER WITH 15 DAYS ADVANCE NOTICE.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE