

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) NEW ENROLLMENT 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. _____	

**1. INDICATE THE PERCENTAGE (%) OF YOUR GROSS PAY PER PAY PERIOD THAT YOU WISH TO CONTRIBUTE BY PAYROLL DEDUCTIONS TO THIS PLAN (NO FIXED DOLLAR AMOUNTS):**

\_\_\_\_\_ % OF GROSS PAY PER PAY PERIOD (WHOLE PERCENTAGE ONLY, RANGE OF 3% - 100%)

CURRENT MAXIMUM AMOUNT TO BE DEDUCTED FOR 2024 MUST NOT EXCEED 100% OF GROSS PAY OR \$23,000.00 WHICHEVER IS LESS.

**2. INVESTMENT ELECTION: PLEASE SELECT YOUR NEW INVESTMENT OPTION(S)**

(PLEASE NOTE THAT YOU MAY SELECT MORE THAN ONE OPTION, HOWEVER, THE TOTAL PERCENTAGE MUST EQUAL 100%)

- \_\_\_\_\_ % OPTION 1 VANGUARD RETIREMENT SAVINGS TRUST
- \_\_\_\_\_ % OPTION 2 T. ROWE PRICE RETIREMENT BALANCED FUND
- \_\_\_\_\_ % OPTION 3 T. ROWE PRICE RETIREMENT 2020 FUND
- \_\_\_\_\_ % OPTION 4 T. ROWE PRICE RETIREMENT 2030 FUND
- \_\_\_\_\_ % OPTION 5 T. ROWE PRICE RETIREMENT 2040 FUND
- \_\_\_\_\_ % OPTION 6 VANGUARD TOTAL MARKET INDEX FUND
- \_\_\_\_\_ % OPTION 7 VANGUARD TOTAL INTERNATIONAL STOCK FUND
- OPTION 8 PARTICIPANT DIRECTED (PLEASE CALL THE ADMINISTRATOR FOR DETAILS)
- 100 % TOTAL – THE SUM OF YOUR INVESTMENT ELECTION(S) MUST EQUAL 100%

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

**NEW ENROLLMENT:**

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

EMPLOYEE'S SIGNATURE	DATE
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