

# Western Washington U.A. Supplemental Pension Plan

## Voluntary Pre-Tax and Roth 401(k) Contribution Form

First Name	Middle Name	Last Name	Social Security Number	Date of Birth
Street Address			City	State Zip
Daytime Telephone #		Cell Phone #	Home Phone #	
Employer			Phone #	

### Contribution Amount:

Please fill in below the hourly rate at which you wish your employer to deduct from your wages and contribute to your Supplemental Pension Plan Voluntary account in Section 1 and Section 2. If you are age 50 or older, you may elect to contribute an additional specific hourly rate for catch up purposes (e.g., \$0.50/hour, \$12.50/hour, etc.). The annual contribution to your Voluntary Account **must not exceed the limits set each year by the I.R.S. (in 2025, \$23,500 plus \$7,500 "catch up" for a total of \$31,000)**. If your contribution exceeds the maximum allowed by law, any excess will be returned to you. You are responsible for keeping track of the ongoing total of your contributions to the Plan and whether your contributions are over the prescribed limits.

#### 1. Voluntary Contribution

- ☐ I elect to make a Pre-Tax contribution of \$\_\_\_\_\_ per hour
- ☐ I elect to make a Roth contribution of \$\_\_\_\_\_ per hour

#### 2. Catch Up Contribution

- ☐ I elect to make a Pre-Tax contribution of \$\_\_\_\_\_ per hour
- ☐ I elect to make a Roth contribution of \$\_\_\_\_\_ per hour

This contribution will be effective as soon as received and processed by your employer. This contribution must be accounted for separately from your negotiated fringe benefit contribution. You may cancel your contribution at any time. Changes to increase or decrease your Voluntary Contribution Rate may be made any time and will become effective as soon as administratively feasible.

### Authorization:

By signing below, I hereby authorize my employer to deduct contributions at the above rate per hour from my wages to be deposited in my 401(k) Account in accordance with Plan rules. *This form must be returned to your employer to take effect.*

Employee's Signature	Effective Date
Date Signed	

### EMPLOYERS:

If you have questions, contact Milliman Service Center at (800) 481-7336  
Reference Plan Code 121WWP.

