International Union of Operating Engineers Local No. 478 Annuity Plan
1965 Dixwell Avenue
Hamden, CT 06514-2400
866-288-9261 (Toll Free)

Income Deferral Agreement - 401(k) Election Form (*2026 version*)

I. PARTICIPANT/EMPLOYEE SECTION

As permitted by the terms of the International Union of Operating Engineers Local No. 478 collective bargaining agreement (CBA) and International Union of Operating Engineers Local No. 478 Annuity Plan (Plan), I, the undersigned, an employee covered by the CBA, hereby direct my Employer to implement my Contribution Election specified below:

> ***Contribution Election***: I hereby elect to have my current compensation either: (1) not reduced (by circling $0.00), or (2) reduced by the amount I indicate below, in any increment of $0.25, for each **hour worked**, and to have that amount contributed to the Plan on my behalf by my Employer on a pre-tax basis as a deferral or "401(k)" contribution.

*CIRCLE $0.00 OR WRITE IN ELECTED AMOUNT**: $0.00 **OR** $_____ (*any increment of $0.25, e.g., $0.75, $2.25, etc.*)

* *IMPORTANT NOTES TO PARTICIPANTS*: During 2026, the maximum 401(k) deferral amount permitted to the Plan by *any Participant* under the Internal Revenue Code is **$24,500**, for those eligible to make "normal catch-up" deferrals the maximum is **$32,500**, and for those eligible to make "super catch-up" deferrals the maximum is **$35,750**. A Participant is eligible to make "normal catch-up" deferrals if s/he is at least age 50 in 2026, or will turn age 50 by the end of 2026, and s/he is not otherwise eligible to make "super catch-up" deferrals in 2026. A Participant is only eligible to make "super catch-up" deferrals if s/he is, or will attain, ages 60 through 63 in 2026, and will not attain age 64 in 2026 (*if you are eligible for such "super catch-up" deferrals in 2026, please check the box below*). Any contributions by a Participant in excess of the relevant limit must be returned in accordance with applicable Plan and IRS rules.

☐ I certify to the Plan that I am eligible for, and wish to make, super catch-up deferrals in 2026

Acknowledgment by Employee: In making a Contribution Election of an elected amount, I acknowledge that such Election will apply only to compensation earned after this Form is signed and returned to my Employer and that it will take effect as soon as is reasonably possible after the submission date indicated below. *I also acknowledge that my Election is subject to all of the terms and conditions of the Plan, which are subject to change*. I further acknowledge that my Election must normally remain in effect for 90 days, and it will generally remain in effect after that period until I elect a change. I also acknowledge that I may elect to change my Election from my elected amount to $0.00 at any time, but once I do, I must wait for at least 90 days before making any new Contribution Election of an elected amount. Also, I acknowledge that my Contribution Election will expire on the day my employment relationship with my Employer ends.

Your Name (*please print*): _____ *Last Four Digits only* of SSN #: _____
Address: _____ Phone #: _____
_____
Signature:_____ Date signed:_____
Date Submitted to Employer:_____ (*Participant insert date)*

II. EMPLOYER SECTION

Acknowledgement by Employer: This completed Income Deferral Agreement – 401(k) Election Form was received by the Employer named below on _____ (*insert date received*) and will be implemented as soon as administratively possible. Further, the Employer named below agrees to hold such compensation in trust, to transmit to the Plan amounts withheld from the above named Participant's compensation as 401(k) deferrals on a **weekly basis**, and to comply with any applicable Plan and U.S. Department of Labor (DOL) rules regarding such deferrals, including DOL Reg. §2510.3-102.

Employer's Name (please print):_____ EIN:_____
(Employer Identification Number)
Employer Representative Name (please print): _____ Phone #:_____
Employer Representative's Signature: _____ Date signed:_____

Once both Section I and II contain all requested information, the Employer **must provide the Fund Office this Form by**:

(1) **e-mailing a copy to:** ann-pen@local478.org - ***MUST BE SENT VIA SECURE/ENCRYPTED EMAIL***; **OR**
(2) **faxing a copy to:** 203-248-4911; **OR**
(3) **mailing a copy to:** IUOE 478 Annuity Fund, 1965 Dixwell Ave., Hamden, CT 06514-2400

**** ONLY FORM ACCEPTED FOR 401(k) CONTRIBUTIONS ON AND AFTER JANUARY 1, 2026 ****