

HOTEL UNION AND HOTEL INDUSTRY OF HAWAII 401(k) RETIREMENT SAVINGS PLAN
c/o GROUP PLAN ADMINISTRATORS, INC.
222 SOUTH VINEYARD ST., PH4 HONOLULU, HI 96813
PHONE (808) 523-9411 FAX (808) 533-6789

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 2023 MUST NOT EXCEED 100% OF GROSS PAY OR \$22,500.00 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