Building Service 32BJ Supplemental Retirement Savings Plan (SRSP)
DEFERRAL FORM
1-800-752-2697

- Use this form to make or change the amount of your current pre-tax payroll deduction contributions to the Plan.
- You are required to complete all sections of this form in ink.
- You must return a copy of the completed form to your Employer.

1. PARTICIPANT INFORMATION (CHECK ONE)

Deferral Change ☐ Deferral Termination ☐

_____-_____-_____ _____ _____ _____
Social Security Number | Date of Birth | Date of Hire | Job Position

_____ _____ _____
Name (Last) | Name (First) | M.I.

_____
Mailing Address | Apt. #

_____ _____ _____
City | State | Zip Code

(_____)_____-_____ (_____)_____-_____ _____
Daytime Telephone Number | Evening Telephone Number | New Address (Yes/No)

_____ _____
Employer | Building Location

2. PARTICIPANT CONTRIBUTIONS

Contribution Dollar Amount Election or Change. Changes to existing deferral amounts will only occur during the open enrollment period. You may change your dollar amount to zero at any time.

☐ I elect to contribute the following dollar amount per week of my pay on a pre-tax basis (minimum $10) $_____

☐ I am 50 years of age or older (or will be during this calendar year) and elect to contribute the following dollar amount per week of my pay on a pre-tax basis for the catch-up contribution $_____Date for catch-up deferral to begin_____

3. PARTICIPANT SIGNATURE

You can change your investment funds at any time. To change your investments, you need to access your account by calling Mercer at 1-800-752-2697 or logging on to the internet at www.ibenefitcenter.com. To access your account, you'll need your Log-On ID and Security Password. I authorize any future contribution or investment changes made by me through telephone, internet or other electronic means, as if I had authorized the action in writing with my signature. I understand that it is my responsibility to protect the security of my PIN provided to me by Mercer. I certify that the social security number indicated above is correct.

_____ _____
Signature of Participant | Date

SUBMIT THIS FORM TO YOUR EMPLOYER'S PAYROLL OFFICE.

4. EMPLOYER SECTION

This participant is covered by a Collective Bargaining Agreement with SEIU, Local 32BJ or a Participating Agreement with the SRSP. This deferral should begin or change as soon as administratively possible and under the Plan document must take effect within fifteen days of receipt.

Date deferral form was received by the payroll office: _____

Date you will begin deferrals _____

_____ _____ _____
Signature of Authorized Employer Representative | Date | Telephone Number

Please return a copy of the completed form to:

US Postal Mail (including USPS Express Mail) - Mercer, Attn: Building Service 32BJ SRSP (650630), P.O. Box 9740, Providence, RI 02940-9740.
Other Courier Mail - Mercer, Attn: Building Service 32BJ SRSP (650630), Investors Way Norwood, MA 02062.

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