

United Food and Commercial Workers Local Union #1189 & St. Paul Food Employers Defined  
Contribution Plan  
Wilson-McShane Corporation - Plan Administrator  
952-854-0795 or 1-800-535-6373

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**Salary Deferral CHANGE Form for 2019**

**Do NOT use this form to Enroll for the first time!!**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Store Name & Location: \_\_\_\_\_ Hire Date: \_\_\_\_\_

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In **2019**, you can contribute **ANY percentage** of your income, up to the following limits:

**\$19,000** if you are younger than 50 **OR \$25,000** if you will be at least 50 years old in 2019.

Please check the appropriate box below:

\_\_\_\_\_ I am currently contributing to this plan and want to CHANGE my salary deferral contribution to \_\_\_\_\_% per pay check

\_\_\_\_\_ I used to contribute to this plan and want to CONTRIBUTE AGAIN by having \_\_\_\_\_ % taken out of each pay check

\_\_\_\_\_ Please S T O P my salary deferral contributions immediately

\_\_\_\_\_ I have reached or will reach age 50 during the calendar year and wish to continue my contributions once I reach the maximum amount allowable by law as a catch up contribution. **Note: If you are going to be at least 50 years of age in 2019 and wish to contribute you must check the box above.**

*I authorize & direct my employer to withhold the above salary deferral percentage(s) from my compensation for deposit into the UFCW Local 1189 and St. Paul Food Employers 401(k) Plan. I understand that my salary deferrals are subject to Social Security (FICA) taxes. I understand & agree that the Fund Administrator may direct my employer to withhold and contribute lesser amounts on my behalf if, in the Plan Administrator's sole discretion, such action is needed to maintain the tax-qualified status of the Plan.*

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**Signature of Participant**

**Date Signed**

**WHERE TO SEND THE FORM**

**Employee:** Complete form and give it to your **store manager or HR contact**

**Store Manager:** Send form to your **payroll department** for salary deferral changes

**Payroll Department:** Send a **copy** of this form to Wilson-McShane for our files

**NOTE:** Employers are only required to process changes *once a quarter* – **Jan 1, Apr 1, Jul 1 & Oct 1**. Also, your employer must receive this form at least 15 days before the beginning of the calendar quarter.