

REGIONAL DISTRICT COUNCIL RETIREMENT PLAN

**WAGE DEDUCTION FORM FOR VOLUNTARY CONTRIBUTIONS
For Initial Wage Deduction or for Changes in Wage Deduction**

Employee Name: _____ Tele # _____

Social Security Number: _____ Date of Birth: _____

Address: _____
Street City State Zip

I am a member of Local Union No. _____

If you are not a member of the Union but an employee of a contributing contractor, identify the state where the contractor works: _____

Employer's Name: _____

- My voluntary contribution is to be \$ _____ per hour beginning _____.
- I would like to change my voluntary contribution to \$ _____ per hour beginning _____.

(If this form is received by the Fund Office by the 15th day of the month, voluntary contributions will begin the first pay period of the following month)

By signing this form, I authorize my employer to deduct the amount listed above from my wages to be contributed to the Regional District Council Retirement Plan.

The minimum amount allowed for voluntary contributions to the Regional District Council Retirement Plan is \$.50 per hour and the maximum amount allowed is \$7.00 per hour. The voluntary contribution rate must be made in increments of \$.50.

Use this form to initiate, change or discontinue your voluntary contribution. It may be delivered to the Fund Office (the preferred method) or to your employer.

Member's Signature _____ Date _____

NOTE TO EMPLOYERS

If this form is handed into your office, please fax a copy to the Fund Office at 503-284-9386 or place a copy of the form(s) in with your next remittance report to the Fund Office. Thank you for your assistance with this matter.