

To be completed by the participant and their association. This process may also be completed within the online self-service portal.

1/2

How to Fill Out the A1 Form Correctly

Before submitting this form, please note the following to avoid errors and ensure swift processing.

- Fill applicable fields: **DATE(s)**, **SIGNATURE(s)**, **ANNUAL SALARY** etc.
- The "Percentage deduction" field must contain a whole percentage and must be between 1% and 50% of your salary.
- The "Fixed dollar amount" field must contain a whole dollar amount, and must be between 1% and 50% of your salary.
- "Effective Paycheck Date" must not predate participation start date.

If you need assistance to complete this form, please contact our Member Services team at info@ywcarf.org, 1-800-222-4738.

I. Participant Information

First Name		Middle Name		Last Name	
Street Address		Apt.	City	State	Zip
Date of Birth (MM/DD/YYYY)		Social Security Number:			
()		()		()	
Home Phone		Work Phone		Cell Phone	
Email Address		Gender Identity		Pronouns	
		(optional)		(optional)	

II. Participant Election

\$ _____ Note: Any Participant who is considered a Highly Compensated Employee may not make Optional Employee After-Tax contributions. If you earned more than \$160,000 in 2025, you cannot make contributions in 2026. This amount is indexed annually.

Please Indicate Your Annual Salary

Please indicate your election by selecting **ONE** of the options below

<input type="checkbox"/>	Percentage deduction per payroll _____ %	Must be whole percentage and at least 1% but not to exceed 50%.
<input type="checkbox"/>	Fixed dollar amount per payroll period: \$ _____	Must be whole dollar amount and at least 1% but not to exceed 50%.
<input type="checkbox"/> Discontinue Optional Employee Contribution		

Effective Paycheck Date (MM/DD/YYYY)

III. Participant Signature

I elect to begin, change, or discontinue my Optional Employee After-Tax Contribution as indicated above. I understand my election will remain in effect until I complete and submit another Authorization for Optional Employee After-Tax Contributions form notifying the Fund and my Association of my desired change.

Signature of Participant

Date (MM/DD/YYYY)

IV. Association Authorization

This authorization form has been reviewed and recorded. (must be signed
by a CEO/Executive Director or Authorized Representative)

Association

Name

Signature

Title

Date