

To be completed by the participant and their association.

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**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.
- **DO NOT** check more than one election.
- The "Fixed dollar amount" field must contain a whole dollar amount, and must be between 1% and 10%.
- "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@ywcarn.org](mailto:info@ywcarn.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
	Birth Sex	Female
		Male
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 \$150,000 in 2023, you cannot make contributions in 2024. This amount is indexed annually.

Please Indicate Your Annual Salary

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

☐ Begin or change rate of Optional Employee After-Tax Contribution through payroll deduction to:

1%	2%	3%	4%	5%	6%	7%	8%	9%	10%
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☐ Fixed dollar amount per payroll period: \$ \_\_\_\_\_ Must be whole dollar amount and at least 1% but not to exceed 10% of participant compensation for the year.)

☐ 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

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

\_\_\_\_\_  
Association

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date