

**To be completed annually by associations by October 31st.**

Association name \_\_\_\_\_

Association number \_\_\_\_\_

**Please return this form by FTP, email, fax or mail by October 31, 2021.**

*If we do not receive the form by this date, the default rate of 10% will apply to your Association.*

The contribution rate selected applies to all Participants within your Association; all Participants must be treated equally. The election is made once a year for the following calendar year and *cannot* be changed during the year for which it is elected.

Our Association elects the following contribution rate for its employees participating in the Fund:			
Contributions to the Fund as a Percentage (%) of Pay			
	You Contribute	The Fund Will Add	The Total Added to Participants' Accounts Will Be
<input type="checkbox"/>	10%	4%	14%
<input type="checkbox"/>	7.5%	3%	10.5%
<input type="checkbox"/>	5%	2%	7%
<input type="checkbox"/>	3%	1.2%	4.2%

Participants' compensation data and all contributions must be received by the Fund no later than the 15th calendar day of the month following the contribution month. That is, contributions for January are due by February 15th, contributions for February are due by March 15th etc. Timely payment ensures compliance with the Department of Labor (DOL) regulations.

This Election of Contribution Rate has been authorized by the Board President, Chief Executive Officer/Executive Director or persons authorized by the Board to act on their behalf.

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Title Date

\_\_\_\_\_  
Street Address Floor/Suite City State Zip

( ) ( )

\_\_\_\_\_  
Phone Fax Email Address