

# SHEET METAL WORKERS LOCAL NO. 33 YOUNGSTOWN DISTRICT ANNUITY FUND

33 FITCH BOULEVARD  
AUSTINTOWN, OHIO 44515



TELEPHONE: (330) 270-0453  
TOLL FREE: 1-800-589-8041

DATE: \_\_\_\_\_ 20\_\_\_\_ EMPLOYER \_\_\_\_\_

FROM: \_\_\_\_\_  
(Participant's Name - PLEASE PRINT)

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Street Address Phone Number

\_\_\_\_\_  
City State Zip Code

I hereby elect to have the following additional voluntary contributions deducted from my pay and remitted to the Sheet Metal Workers Local No. 33 Youngstown District Annuity Fund. I understand that this is in addition to the \$2.61 paid by my employer.

\_\_\_\_\_ Please deduct \$-0- per hour and remit to the Annuity Plan

\_\_\_\_\_ Please deduct \$1.00 per hour and remit to the Annuity Plan

\_\_\_\_\_ Please deduct \$2.00 per hour and remit to the Annuity Plan

\_\_\_\_\_ Please deduct \$3.00 per hour and remit to the Annuity Plan

I hereby certify that I elect to have the additional voluntary contributions specified above to be deducted from my pay and remitted to the Sheet Metal Workers Local No. 33 Youngstown District Annuity Fund. I understand that this election shall be in effect until changed by me in writing annually between November 1 and December 1 of each year or upon a change in employer.

\_\_\_\_\_  
Participant's Signature

Please note that this form must be completed by you and returned to your employer to become effective.