



SAN DIEGO COUNTY CHAPTER
NATIONAL
ELECTRICAL CONTRACTORS
ASSOCIATION, INC.

SAN DIEGO ELECTRICAL ANNUITY PLAN

3444 CAMINO DEL RIO NORTH, SUITE 106
SAN DIEGO, CALIFORNIA 92108
(619) 280-2009 • FAX (619) 280-4304
OUTSIDE (619) AREA CODE:
(800) 886-7559



LOCAL UNION No. 569
INTERNATIONAL
BROTHERHOOD OF ELECTRICAL
WORKERS

Enrollment Form

I. EMPLOYEE INFORMATION	
Name (Last, First, MI)	Social Security Number
Address	Date of Birth
City State Zip	Home Phone
Are you employed under a Collective Bargaining Agreement? Yes No	Marital Status
Current Employer IBEW Local #	Date of Hire

II. CONTRIBUTION RATE	
A. Please circle the percentage of your compensation that you want to contribute to your Plan account. This percentage will apply until written direction for change is received. If you do not want any of your compensation contributed to your Plan account, circle the '0%'.	0% 1% 2% 3% 4%
B. This wage reduction shall be applied each pay period.	5% 6% 7% 8% 9%
C. The election will be effective as soon as received and processed by your employer's payroll office/department.	10% 11% 12% 13% 14%
	15% Other _____% (Write in)
	The maximum contribution percentage is 100% of wages not to exceed \$16,500 in 2009/2010.

III. AUTHORIZATION AND SIGNATURE
<p>I hereby authorize payroll deduction of plan contributions in accordance with the percentage I have indicated above. I understand this constitutes a "cash or deferred" arrangement under section 401(k) of the IRC and that my contributions are subject to the withdrawal restrictions of the plan.</p> <p>I further authorize and direct the administrator to invest my contributions as detailed in Section IV.</p> <p>_____ Date _____ Signature</p>

IV. INVESTMENT SELECTION

If you do not direct the investment of your contributions, or if your selection of investments does not cover 100% of your contributions, any undirected portion of your contributions will be invested in the appropriate AllianceBernstein Retirement Strategy.

I hereby authorize and direct the Plan administrator to invest my contributions as follows:

- _____ % 1. PIMCO Total Return Fund
- _____ % 2. Morgan Stanley Global Equity
- _____ % 3. Pacific Century Trust Stable Value
- _____ % 4. Ameristock
- _____ % 5. Eagle Capital Appreciation Trust
- _____ % 6. Vanguard Prime Money Market Fund
- _____ % 7. American Century Equity Income Fund
- _____ % 8. Keeley Small Cap Value Fund *
- _____ % 9. Leuthold Core Investment Fund
- _____ % 10. Calamos Growth Fund *
- _____ % 11. Legg Mason Growth Trust
- _____ % 12. Vanguard REIT Index
- _____ % 13. AllianceBernstein International Value Fund
- _____ % 14. Aberdeen International Growth Fund

- _____ % 15. Heartland Select Value Fund
 - _____ % 16. Loomis Sayles Value Fund
 - _____ % 17. Brown Capital Management Small Co
 - _____ % 18. Royce 100 Svcs
 - _____ % 19. Hartford Inflation Protected Fund
 - _____ % 20. Van Eck Global Hard Assets Fund
 - _____ % 21. Waddell & Reed Asset Strategy
 - _____ % 22. AllianceBernstein Retirement Strategy
- | | | | | |
|-------------------------|------|------|------|------|
| Retired/Near Retirement | | | | |
| | 2000 | 2005 | 2010 | |
| Contribution Phase | | | | |
| | 2015 | 2020 | 2025 | 2030 |
| | | | | |
| | 2035 | 2040 | 2045 | 2050 |
- 100 % TOTAL (Percentage must total 100)

* This fund has a 12(b)(1) fee. The 12(b)(1) fees incurred on these funds will be used to reduce administrative expenses of the Fund.

TRANSFER OF EXISTING ACCOUNT BALANCES UPON ENROLLMENT:

I recognize that I have an existing account balance in the *default fund* and I hereby authorize and direct that the Plan administrator transfer my existing account balance as follows: (Initial to indicate selection)

- _____ 1. Proportionately among the funds I have chosen;
- _____ 2. Entire balance to _____ (Name of Fund)
- _____ 3. Leave in the AllianceBernstein Retirement Strategy default fund.

If you are unsure whether you have an existing balance, contact the Administrator.

DESIGNATION OF BENEFICIARY

IMPORTANT NOTICE REGARDING DESIGNATION OF BENEFICIARY

To the Employee: Federal law requires that if you are married, benefits payable under the Plan by reason of your death must be paid to your surviving spouse. However, you have the right to designate a beneficiary other than your spouse, provided your spouse consents, in writing, to the designation.

To the Employee's Spouse: If your spouse designates someone other than you as primary beneficiary, the designation will only be effective if you agree to the designation by signing the Spouse's Consent below and it is witnessed by a notary public or Plan representative.

I hereby designate the following individual or individuals as my beneficiary or beneficiaries under the San Diego Electrical Annuity Plan, and I hereby revoke any beneficiary designations previously made by me.

Primary
Beneficiary

Last First Middle
SSN: _____ Date of Birth: _____ Relationship to Employee: _____

Contingent
Beneficiary

Last First Middle
SSN: _____ Date of Birth: _____ Relationship to Employee: _____

Date

Employee Signature

SPOUSAL CONSENT (Only required if Primary Beneficiary is other than spouse)

I consent to my spouse's designation of the beneficiary or beneficiaries named above. I understand and agree that, unless I am named as my spouse's primary beneficiary above, I am hereby waiving and relinquishing important survivor benefits under the Plan.

Date

Signature of Spouse

SUBSCRIBED AND SWORN to before me this _____ day of _____, in the year _____.

NOTARY PUBLIC/PLAN REPRESENTATIVE in and for the

State of _____

My Commission Expires: _____