

**401(k) OPTION OF
TIMBER OPERATORS COUNCIL, INC.-I.W.A.
DEFINED CONTRIBUTION PLAN
ENROLLMENT / CHANGE FORM**

PARTICIPANT INFORMATION

Name: _____
Last First MI

Social Security Number: _____ Date of Birth: _____

Address: _____
Street Address City State Zip

New Enrollment Change, effective _____, 199 _____

ELECTION TO PARTICIPATE

I wish to participate in the 401(k) portion of the Timber Operators Council, Inc.-I.W.A. Defined Contribution Plan.

ELECTION NOT TO PARTICIPATE

I do not wish to participate in the 401(k) portion of the Timber Operators Council, Inc.-I.W.A. Defined Contribution Plan.

Note: Highly compensated employees, as defined by the Internal Revenue Code, and employees of the I.W.A. or a local of the I.W.A. may not participate in the 401(k) portion of the plan.

SALARY DEFERRAL

I authorize my employer, _____, to withhold from my salary the amount indicated below as my contribution to the 401(k) Plan. The contribution to the Plan is subject to ERISA, the provisions of the Plan, and is subject to FICA and FUTA taxes. This deduction is to be effective with the pay period of _____, 199 _____.

Deduct \$ _____ per month. (Please make the amount of your deferral in increments of \$10; the minimum contribution is \$20 per month.) The amount that you select may be required to be reduced because of Internal Revenue Code provisions.

I wish to stop my contributions effective _____, 199 _____.

I understand that, if I am stopping my deduction, I must wait until the next enrollment period before reinstating my contributions to the Plan. You may enroll on the first of January, April, July or October of each year.

Signature

Date

A & I Benefit Plan Administrators
Attn: TOC Pension
1220 S.W. Morrison Street, Suite 300
Portland, OR 97205 - 2222

TOC-WOODWORKERS, IAM
401 (K) PLAN

BENEFICIARY DESIGNATION FORM

PARTICIPANT'S NAME: _____ SS#: _____

PARTICIPANT'S ADDRESS: _____

BENEFICIARY'S NAME: _____ SS# _____

BENEFICIARY DATE OF BIRTH: _____ RELATIONSHIP TO YOU: _____

BENEFICIARY ADDRESS: _____

PLEASE NOTE: IF YOU ARE MARRIED AND HAVE ELECTED A BENEFICIARY OTHER THAN YOUR SPOUSE, THEN YOUR SPOUSE MUST COMPLETE THE WAIVER BELOW IN THE PRESENCE OF A NOTARY PUBLIC.

I, _____ swear that I am the legal spouse of the participant described above. I hereby consent to my spouse naming someone other than me as the beneficiary of any benefits that may be payable under the Woodworkers District 1, IAM 457 Benefit Plan.

Spouse's Signature

Date

Signed and sworn to me this _____ day of _____, 19 _____

() Personally known to me () Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to above, and acknowledged that he/she executed same.

Notary Public Signature

Commission Expiration Date

Participant's Signature

Date

A & I Benefit Plan Administrators
Attn: TOC Pension
1220 S.W. Morrison Street, Suite 300
Portland, OR 97205 - 2222