Employee Deferral Receipt Acknowledgement

PLUMBERS LOCAL UNION No.1 401(k) SAVINGS PLAN

Plumbers Local Union No. 1 Welfare Fund 50-02 Fifth Street, Long Island City, NY 11101 Telephone: 1-718-223-4313 Fax: (718) 641-8155

RECEIPT ACKNOWLEDGEMENT OF THE AUTOMATIC CONTRIBUTION NOTICE AND QUALIFIED DEFAULT INVESTMENT ALTERNATIVE NOTICE

(A) Member Information (PLEASE PRINT) *Use a ballpoint pen to complete form*

(1) Social Security Number (2) Last (3) First (4) Init.

(5) Street (6) City (7) State (8) Zip

(9) Date of Birth (10) Sex M F (11) Home Phone Number / Cell Number

(12) E-mail Address

(13) Retired (14) Active (15) Employer

(B) Authorization: For a complete description of Benefits, see the Summary Plan Description (SPD) or call the Fund Office.

Member's Signature: _____ **Date:**

I acknowledge receipt of Automatic Contribution Notice and Qualified Investment Default Alternative Notice that has been given to me on the date referenced above.

Note to Employee: Please complete this Receipt Acknowledgement Form along with Election Form B and return it to your Employer. Keep the enclosed Automatic Contribution Notice for your records.

Note to Employer: Please fax or mail completed copy of this "Receipt of Automatic Contribution Notice and Qualified Investment Default Alternative Notice" and copy of "Election Form B" to the Fund Office.

Plumbers Local Union No. 1 Welfare Fund
Attn: Collection Department
50-02 Fifth Street, 2nd Floor
Long Island City, NY 11101

Fax: (718) 641-8155