



## Southern California Pipe Trades Defined Contribution Fund Enrollment/Change Form

**INSTRUCTIONS:**

**Complete all applicable sections and return to:  
 Southern California Pipe Trades Administrative Corporation  
 Defined Contribution Department  
 501 Shatto Place, 5<sup>th</sup> Floor  
 Los Angeles, CA 90020**

**INDICATE ACTION:**

- New Enrollment     
  Contribution Change     
  Discontinue Contribution     
  Re-Enrollment

**ABOUT YOU:**

\_\_\_\_\_  
 Last Name, First Name, Middle Initial

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, ZIP Code

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date of Birth

Marital Status:  Married  Single  Widowed  Legally Divorced (Date: \_\_\_\_\_)

**CONTRIBUTION INFORMATION:**

- I wish to contribute \$\_\_\_\_\_ per hour (in \$.50 increments) as **before-tax** contributions. I understand that this will reduce the amount of my taxable compensation reported on Form W-2.
- When I work **overtime**, I also elect to have my contribution multiplied by the applicable overtime premium rate (for example, if I have elected to contribute \$1/hr, when I work overtime payable at time-and-one-half, my contribution for those overtime hours will be \$1.50/hr.)

A number of investment options are offered in the Defined Contribution Fund. Before making your investment selections you should review the prospectus and other information available for each investment option. Fund information is available at [www.mylife.newyorklife.com](http://www.mylife.newyorklife.com). Please contact the Fund Office for more information. To tell New York Life which of the options you want your future contributions invested in, or to transfer existing balances among the options, you must have a Personal Identification Number (PIN). In order to create your PIN, you will need to know your Social Security Number, your date of birth, and your ZIP code in our records. Your PIN gives you access both to New York Life's toll-free telephone number, (800) 294-3575, and to New York Life's website, [www.mylife.newyorklife.com](http://www.mylife.newyorklife.com). **If you do not use your PIN to indicate your investment elections with New York Life, your contributions will be invested in the T. Rowe Price Retirement target date fund applicable to your retirement age. If the information needed to determine your retirement age is not available to the Fund Office, your contributions and balances will be invested in the T. Rowe Price Retirement Income Fund until the information is received.**

**AUTHORIZATION:** This authorization replaces any previous one. I understand that these instructions will remain in effect until I change them in accordance with Fund rules. I hereby authorize the deductions from my pay indicated above as Fund contributions to be made on my behalf by my Employer. If necessary to meet Internal Revenue Service requirements for the Fund, I understand that (i) my contribution may be reduced, (ii) my contributions may be refunded to me, and/or (iii) my before-tax contributions may be re-characterized and treated as after-tax contributions. I acknowledge (i) that I could have received the amount of these contributions in cash and (ii) that my elective contributions, my Employer's non-elective contributions, and any investment earnings are subject to withdrawal restrictions under the terms of the Fund and the Internal Revenue Code. These instructions will be effective as soon as administratively feasible and allowable under the rules of the Fund.

I understand that, on a quarterly basis, I will receive a statement of my Account and the value of the shares held in each Investment Option. I understand and agree that I will have sixty days after the mailing of each such quarterly statement within which to file any written objections to such quarterly statement. I agree that upon the expiration of each such period, the Trustees shall be forever released and discharged from all liability and accountability to me and my beneficiaries with respect to the propriety of their acts and the transactions shown in such quarterly statement, except with respect to any such acts or transactions as to which I file written objections with such sixty-day period.

By signing this form, I acknowledge receipt and review of the current prospectus of each fund in which an investment is being made. Shares of investment funds, including collective funds, insurance contracts and mutual funds, are not insured by the FDIC, nor insured or guaranteed by any government agency. These investments involve risk, including possible loss of the principal amount invested.

  X    
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date