

UNITED SCENIC ARTISTS

RETIREMENT 401K PLAN

INVESTMENT AUTHORIZATION FORM

C/O BENSERCO, INC.
140 SYLVAN AVENUE – SUITE 303
ENGLEWOOD CLIFFS, NJ 07632
866-798-5733
201-947-8000
(FAX) 201-5928328

COMPLETED FORM SHOULD GO TO EACH EMPLOYER WITH YOUR TIME CARD AND W-4
A COPY OF THE FORM SHOULD BE SENT TO THE PLAN OFFICE AS SOON AS POSSIBLE

This form is intended for participants already enrolled in United Scenic Artists, 401(k) Plan for use with New Employer or to change your percentage contribution with a current Employer. Participants wishing to change their investment elections must call the Benefits Help line at 1-866-798-5733 with their personal identification number (PIN).

EMPLOYER INFORMATION

Payroll House / Employer Name: _____

Production Name: _____ Address: _____

Phone: _____

Fed ID Number: _____

EMPLOYEE INFORMATION

DOB: ____/____/____

Name: _____

Address: _____

Phone: _____

S.S.#: _____

* Effective 01/01/2002 an employee can elect to contribute up to 100% of his/her income, however the IRS imposes a maximum dollar amount of annual Employee Contributions. The actual contribution amounts may be further limited by language contained in your employer's collective bargaining agreement.

**Employees age 50 and over (including those who will turn age 50 by the end of the current plan year) are eligible to make additional before-tax "catch-up contributions". If you would like to utilize the additional "catch-up" contributions, please make your election in the section to the right.

Elective Deferrals*

I wish to contribute _____ %
per payroll period of my income (on a before-tax basis).

I wish to stop my contributions

"Catch-Up" Election**

(For employees age 50 and over only)

I wish to contribute _____ % per payroll
period of my income (on a before-tax basis).

I wish to stop my "catch-up" contributions

Employer Match

(If applicable)

100% of the first _____ % of income (up to 6%)

TO BE COMPLETED BY EMPLOYEE:

I have read the above information and I authorize my employer to deduct the indicated percentage, if any, from my salary on a before-tax basis. I understand that I will be notified as to the disposition of any contributions and/or earnings, which must be either returned because they exceed the maximum permitted by law or other regulatory limitations. Also, I understand that if I have never indicated investment direction, future contributions and existing balances will be invested in the Plan's qualified default investment alternative. This form will be processed as soon as administratively possible.

Signature

date

TO BE COMPLETED BY EMPLOYER:

Date payroll deductions start/stop

employer signature

Local 829 Retirement 401(k) Plan
c/o Benserco, Inc.
140 Sylvan Avenue
Toll free: 1 (866) 798-5733 Fax: (201) 592-8328