

# UNITED SCENIC ARTISTS

C/O BENSERCO, INC.  
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## RETIREMENT 401K PLAN

### ***NEW ENROLLMENT / INITIAL INVESTMENT AUTHORIZATION FORM***

**COMPLETED FORM SHOULD BE GIVEN TO YOUR EMPLOYER WITH YOUR TIME CARD AND W-4**

**A COPY OF THIS FORM MUST BE FORWARDED TO THE PLAN OFFICE AS SOON AS POSSIBLE**

This form is intended for members of United Scenic Artists to enroll as participants of the Union's 401(k) Retirement Plan for the first time. Members are advised to understand the investments are self-directed and involve a level of risk. All Plan expenses are paid from Plan assets and the income on those assets. For information regarding the Plan, the investment options, fees or assistance in completing this form, please call the office at 866-798-5733.

#### EMPLOYER INFORMATION

Payroll House / Employer Name: \_\_\_\_\_

Production Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fed. ID Number: \_\_\_\_\_

#### EMPLOYEE INFORMATION

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

S.S.#: \_\_\_\_\_

#### Elective Deferrals\*

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

#### "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) toward my eligible "catch-up" limit.

#### Employer Match

(If applicable)

100% of the first \_\_\_\_\_ % of income (up to 6%)

\* 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.

**PARTICIPANT INVESTMENT ALLOCATION:** Upon initial enrollment with the 401(k) plan, the participant's deductions will be invested in the Plan's qualified default investment alternative until the participant has given investment instructions to Vanguard. In the meantime, the participant will be sent a packet of information detailing each of The Plan's investment options, as well as a pin number to access Vanguard's automated system. Participants may then change their allocation at any time by logging into [www.vanguard.com](http://www.vanguard.com) or using their 800 number. Participants may elect to invest in any single investment or multiple investments. Details of the investment options will be included in the packet. If you have not received an information packet within 60 days after you have sent in this form, please contact the Fund Office at (866) 798-5733.

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.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **TO BE COMPLETED BY EMPLOYER:**

Start Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_