University of Illinois Employees Credit Union 401(k) Plan
Contribution Election

Participant Name: _____
(Last) (First) (Middle)

Address: _____

_____
(City) (State) (Zip)

Section 1. (check one)

☐ Enrollment

☐ Change: _____ (effective date)

☐ Reinstatement

Section 2. Contribution Election

☐ **Yes,** I elect to contribute _____% of my compensation on a **Pre-Tax basis (Traditional)** per pay period to the Plan.

And/or I elect to contribute _____% of my compensation on a **Post-Tax basis (Roth)** per pay period to the Plan.

I understand that my total contribution percentage may not exceed 80% of my compensation (not to exceed IRA annual limitations). I authorize my employer to contribute all withheld amounts to the Plan by means of payroll deduction program.

☐ **No,** I do not wish to contribute a portion of my compensation to the Plan at this time. I understand that I may change my election at any future date.

_____ _____
Participant's Signature *Date*

Please return executed forms to your Human Resources Representative.