

DEFERRED SALARY AGREEMENT FORM

IMPORTANT: Read this first!

You must fill out a Deferred Salary Agreement Form for each employer you work for, even if you have already completed a form. The Deferred Salary Agreement Form shall apply to all covered work for the employer listed on the form, **not limited to the current production, event or venue as long as the underlying agreement for that work allows salary deferrals to the Fund**. When you go to work for another employer, you must complete a new form if you intend to continue to make pre-tax contributions to your account.

HOW TO USE THE ELECTRONIC COPY OF THE DEFERRED SALARY AGREEMENT FORM:

1. Read the important information on this page regarding eligibility to contribute.
2. Please visit www.wellsfargo.com to print the latest version of the Deferred Salary Agreement Form.
3. Complete all 3 sections of the form as indicated, including your signature and your employer's signature, then cut along the dotted line.
4. Submit the white (top) copy to your current employer.
5. After you complete the form and it is signed by your employer, mail the yellow (middle) copy to the IATSE National Benefit Fund Office, ATT: Contracts & Contributions/401(k), 417 Fifth Avenue, Third Floor, New York, NY 10016. Or, for faster processing, you can upload the form through the Fund's website, www.iatsenbf.org.
6. Keep the pink (bottom) copy for your records.

Note: Whenever you use one of these forms, it is very important that the Fund Office receives its copy as soon as possible. Until the Fund Office receives the dually signed yellow (middle) copy of the form, they will not be able to credit contributions to your account, and the contributions may be refunded to your employer. Remember, the fastest and most secure way to have this form processed is to upload it to the Fund's website.

ARE YOU ELIGIBLE TO MAKE PRE-TAX CONTRIBUTIONS TO THE IATSE ANNUITY FUND?

Two scenarios allow you to contribute to the Fund:

1. You work on a job covered under a Collective Bargaining Agreement between your employer and IATSE or an affiliated Local that allows salary deferrals or work for an affiliated Local covered under a Participation Agreement, and you receive an employer contribution to the IATSE Annuity Fund of 3% or more of your salary.
2. You
 - a. work on a job covered by one of the motion picture collective bargaining agreements or Participation Agreements listed below:
 - Theatrical and Television Motion Picture Area Standards Agreement
 - Majors Features and Television Agreements
 - AICP Commercial Production Agreement
 - Single Signatory (i.e., one-off) Theatrical Motion Picture and Television Agreements
 - Low Budget Theatrical and Television Motion Picture Term Agreements

- Television Term Agreements
- Music Video Production Agreements
- Participation agreement with a chartered Studio Mechanics Local of IATSE;

and

- b. are not a highly compensated employee as defined by the IRS. You are a highly compensated employee for a given year if in the prior year you received compensation above the IRS threshold (\$120,000 for 2017) from any one employer that participates in the Annuity Fund (including affiliated entities of that employer);

and

- c. are not receiving contributions to the Motion Picture Industry Plan for such employment.

ADDITIONAL INFORMATION ABOUT YOUR PRE-TAX CONTRIBUTIONS:

- Your salary reduction contribution to the IATSE Annuity Fund, as well as any other salary deferral plans to which you contribute is limited to 85% of your salary (subject to certain limitations), but can not exceed \$18,000 in 2017.*
- If you are age 50 or older as of December 31, 2017, you may contribute an additional \$6,000 in 2017, for a total of \$24,000 in 2017.*
- Any amount deferred in excess of the legal limit shall be refunded to the employer that submitted it on your behalf.
- To change your election, you must notify your employer by completing a new Salary Deferral Agreement Form.
- To notify the Plan of salary deferrals to another plan that may cause the limit to be exceeded, contact the IATSE National Benefit Fund Office, Retirement Services Department, at 417 Fifth Avenue, Third Floor, New York, NY 10016, or by calling 1-800-456-FUND.
- If you are deferring part of your salary to this and another plan, you may wish to contact a tax advisor about the applicable deferral limits and any tax consequences.

*These limits will be indexed for inflation after 2017.

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The adventure awaits!



IATSE Annuity Fund – Deferred Salary Agreement Form

Submit the **WHITE** copy to your current employer and the **YELLOW** to the Fund Office. Keep the **PINK** copy for your records.

Note: By signing this form I agree that I have read the first page of this form and certify that I am eligible to defer to the IATSE Annuity Fund. I further certify that if I am deferring under one of the motion picture agreements listed on the first page, I am not a highly compensated employee, and upon request from the Fund, I agree to provide income tax or other records to verify my salary for the applicable year. The election below shall apply to all covered work for the Employer listed below **not limited to the current production, event, or venue as long as the underlying agreement for that work allows salary deferrals to the Fund.**

Your name _____ Date of birth ____/____/____ SSN _____ - _____ - _____

Address _____ Phone _____ Email: _____

Name of current production, event, or venue (required): _____ Employer's name: _____

PLEASE CHECK THE BOX THAT APPLIES:

- Deferred Salary Contribution: I elect to contribute _____% **OR** \$_____ of my salary* per week,** (to be deposited in my IATSE Annuity Fund, commencing as soon as practicable).
- I ELECT NOT TO HAVE SALARY DEFERRED. (I would like to stop my deferrals to the IATSE Annuity Fund.)

Your signature _____ Date _____

FOR EMPLOYER USE ONLY

Employer name (please print) _____ Authorized signature*** _____ Date _____

*For purposes of salary deferrals, salary is the amount subject to IATSE Annuity Fund contributions under the collective bargaining agreement between the employer and the Union.

**Not to exceed the maximum limits permitted by law – refer to the first page of this form for more information.

***This form may be signed by an authorized individual of the payroll company acting as Agent of the Employer, but please so indicate after your signature.



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