

Northern California Carpenters 401(k) Plan

ENROLLMENT/CONTRIBUTION CHANGE FORM

Please complete the following information (type or print) and submit this form to your Employer.

FIRST NAME	MI	LAST NAME
SOCIAL SECURITY NO.		BIRTH DATE
STREET ADDRESS		
CITY	STATE	ZIP CODE

EMPLOYER'S NAME
EMPLOYER'S ADDRESS

IMPORTANT: If you change Employers you will need to complete a new Enrollment/Contribution Change Form with your new Employer. Your contribution election will not automatically follow you to your new Employer.

I. ELECTION

- I am enrolling in the Plan for the 1st time. Please complete Section II and IV below and read section III.
- I am already enrolled in the Plan and would like to change my contribution rate. Please complete Section II and IV below.
- I want to stop contributing to the Plan. I understand that my Employer will stop taking contributions from my paycheck as soon as administratively possible. Please check this box and complete Section IV below.

II. CONTRIBUTION AMOUNT

I hereby elect to have pre-tax and/or Roth 401(k) After-tax contributions made to the Plan and authorize my Employer to withhold the following hourly amount of my compensation for each payroll period after the effective date of this authorization provided I have met the eligibility requirements under the Plan. I understand and agree that this election will continue in effect while I am employed with my current employer until I change this election or cease to be employed by the current employer. I understand that the amount I elect can be decreased by my Employer at any time in order to comply with the requirements of the Internal Revenue Code and in the event that my pre-tax and/or Roth 401(k) After-tax contributions in any year exceed those permitted by the Plan, the excess (plus any credited earnings) may be returned to me.

NOTE: To avoid the tax consequence to you of over contributing, contribution rates are limited to \$11.75 per hour, not to exceed the annual limit of \$19,000 if under age 50, and to \$15.25 per hour, not to exceed the annual limit of \$25,000, if age 50 or older. Participants must monitor their annual contributions and make adjustments if limits are reached.

TO ESTABLISH YOUR HOURLY RATE OF CONTRIBUTION – PLEASE COMPLETE THE FORMULA IN THE BOX BELOW
 Apprentices not receiving Annuity Contributions are not eligible to participate in the 401(k) Plan

<p>Pre-Tax Contribution: Enter the total annual amount you elect to contribute as Pre-tax contributions (not to exceed \$19,000 if under age 50, or \$25,000 if age 50 or older): (a) _____ . Enter the total number of hours you expect to work in a calendar year: (b) _____. Divide (a) by (b) to establish an hourly rate (c) _____ (not to exceed \$11.75 per hour if under age 50, and not to exceed \$15.25 per hour if age 50 or older).</p> <p style="text-align: center;">Enter the rate from (c) rounded to the nearest \$0.25 \$ _____</p>
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<p>Roth 401(k) Contribution: Enter the total annual amount you elect to contribute as Roth 401(k) after tax contributions (not to exceed \$19,000 if under age 50, or \$25,000 if age 50 or older): (a) _____. Enter the total number of hours you expect to work in a calendar year: (b) _____. Divide (a) by (b) to establish an hourly rate (c) _____ (not to exceed \$11.75 per hour if under age 50, and not to exceed \$15.25 per hour if age 50 or older).</p> <p style="text-align: center;">Enter the rate from (c) rounded to the nearest \$0.25 \$ _____</p>

Total combined Pre-tax and Roth 401(k) After-tax Contributions cannot exceed the limits specified above.

*If you are age 50 or older, or will be age 50 by the end of the calendar year, you may be eligible to make a “catch-up” contribution (on a pre-tax or Roth basis) for the year. If you meet these requirements, you can contribute up to \$15.25/hour not to exceed \$25,000 per year. *Note: any intended catch-up contribution may be treated as a regular pre-tax and/or Roth contribution until your pre-tax or Roth contributions for the year reach the maximum limit permitted under the Plan*

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III. INVESTMENT ELECTION

If you are enrolling in the Plan for the first time, your initial contribution will be invested as follows:

Default Investment Fund	Year of birth
Pensionmark Asset Allocation Income**	1948 or earlier
Pensionmark Asset Allocation 2015**	1949 – 1953
Pensionmark Asset Allocation 2020**	1954 – 1958
Pensionmark Asset Allocation 2025**	1959 – 1963
Pensionmark Asset Allocation 2030**	1964 – 1968
Pensionmark Asset Allocation 2035**	1969 – 1973
Pensionmark Asset Allocation 2040**	1974 – 1978
Pensionmark Asset Allocation 2045**	1979 – 1983
Pensionmark Asset Allocation 2050**	1984 or later

Once your first contribution has been invested you may access *MyLifeNow*TM (www.mylife.jhrps.com or 1-800-294-3575) to change how your future contributions and/or existing account balance is invested. You may obtain information on the other funds offered in the Plan or request a fund prospectus by contacting *MyLifeNow*. This election may be changed any business day (a day on which the New York Stock Exchange (NYSE) is open) by using *MyLifeNow*. Any change made and confirmed to your investment election before 4:00 p.m. Eastern Time (ET) on any business day will generally be effective as of the close of that day. A change confirmed on or after 4:00 p.m. ET, or on weekends or holidays, will generally be effective as of the close of the next business day. In the event the NYSE closes prior to 4:00 p.m. ET on any business day, a change made and confirmed before the time the NYSE closes will generally be effective as of the close of that day. A change made or confirmed on or after such closing time will generally be effective as of the close of the next business day.

**** These investments are intended to be a Qualified Default Investment Alternative (QDIA)**

IV. AUTHORIZATION

I hereby authorize my Employer to implement my elections as indicated on this form.

I certify that the address and information provided on this form are correct.

Employee's Signature: _____ Date: _____

Securities offered through John Hancock Retirement Plan Services, member NASD, 51 Madison Avenue, New York, NY 10010. Must be preceded or accompanied by effective prospectuses.

Please complete and submit this form to your Employer.