



Annuity Fund of Stage Employees Local No.4, IATSE

2917 Glenwood Rd
Brooklyn, NY, 11210
(718) 252-8777 ext 17



SALARY REDUCTION AGREEMENT 2026(401K)

You may defer a portion of your salary to the Local 4 Annuity Fund (“Fund”) if your employer contributes at least 3% of your wages to the Local 4 Annuity Fund and is party to a collective bargaining agreement permitting employee salary deferrals. For a list of participating employers, please contact the Fund Office.

You must complete and submit a copy of this Salary Reduction Agreement for each participating employer you wish to remit salary deferrals to the Fund. The direction you provide on this form will remain in effect until you revoke or modify it in writing. To change this agreement, please contact the Fund Office.

Your Deferred Salary Contribution cannot exceed \$24,500.00 in 2026 to this Plan and any other employer's plan. Salary deferrals for ALL EMPLOYERS (not just work under Local 4 I.A.T.S.E.) are limited to \$24,500.00 for the year 2026. *Note that if you are 50 or older you are eligible to defer an additional \$8,000.00 for the year 2026, for a total maximum deferral of \$32,500.00 for the year 2026, if you are between 60 and 63 you are eligible to defer an additional \$11,250.00 for the year 2026, for a total maximum deferral of \$35,750.00.* The combined employer and employee contribution limit for 2026 is \$72,000 Any amount deferred shall be returned to the Participant if the plan does not meet IRS guidelines. To change this Agreement, contact the Fund Office. To notify the Plan of salary deferrals to another Plan that may cause the limit to be exceeded, contact the Fund Office at the above address. If you are deferring salary to this and another plan, you should contact your tax advisor about the applicable limits.

Please be advised that neither the 3% contributed by your employer to the Fund or your salary deferrals are available for hardship distributions.

Participant's Name: _____ Social Security # _____
first MI last

Address: _____
street city state zip

Employer: _____

This Agreement is effective for the first payroll period starting on and after: _____, 20__

CHECK THE BOX THAT APPLIES:

DEFERRED SALARY CONTRIBUTION: I elect to contribute _____% of salary (not to exceed 80%) on each pay period to the Annuity Fund of Stage Employees Local No.4, IATSE, to be deposited in my Salary Reduction Account. I understand that I may revoke my election at any time or I may change this election at any time in writing. Such revocation or change shall take effect as soon as practicable.

I DO NOT ELECT TO HAVE CONTRIBUTIONS DEDUCTED FROM MY SALARY.

Participant's Signature: _____ Date: _____, 20__

FOR EMPLOYER USE ONLY:

Company Name: _____ Date: _____

Authorized By: _____
Please print Title Signature