



# ENROLLMENT/CHANGE/OPT-OUT FORM

## PART 1—EMPLOYEE INFORMATION

**Complete all applicable sections and deliver directly to your Employer’s Payroll/HR Dept. IF YOU DO NOT RETURN THIS FORM TO YOUR EMPLOYER, YOU WILL BE AUTOMATICALLY ENROLLED IN THE PRE-TAX 401(k) COMPONENT OF THE DEFINED CONTRIBUTION PLAN AT A RATE OF \$0.50 PER HOUR.**

\_\_\_\_\_  
 Last Name, First Name, Middle Initial Social Security Number (last four digits required)

\_\_\_\_\_  
 Address (address will be updated in the SCPT Funds’ records if different from what is on file)

\_\_\_\_\_  
 Phone Number Email Address

\_\_\_\_\_  
 Date of Birth Marital Status:  Single  Married  Widowed  Legally Divorced (Date: \_\_\_\_\_)

## PART 2—ENROLLMENT & CONTRIBUTION INFORMATION

**Enter your elections below.** If you choose election 3, enter an election both for Pre-tax 401(k) and for After-tax Roth 401(k), even if the election is zero. If you wish to retain an existing election and add or change another (for instance, you want to retain your existing Pre-tax 401(k) contribution and add a Roth 401(k) contribution), list both elections.

1.  I choose the automatic enrollment pre-tax 401(k) contributions of \$0.50 per hour. (Overtime premium does not apply.)  
**OR**
2.  I do not wish to participate in the 401(k) component of the Defined Contribution Plan; do not automatically enroll me. I understand that if I change employers I will be automatically enrolled at that time unless I execute a new opt-out form.  
**OR**
3.  I want to make the following Contributions:
  - a. **Pre-tax 401(k)**—I wish to contribute the following amount per hour as **before-tax** contributions. I understand that this will reduce the amount of my taxable compensation reported on Form W-2.  
 Select one: \$5.00 \$3.00 \$1.00 Other amount \$ \_\_\_\_\_ (in \$.25 increments)  
 When I work **overtime**, I also elect to have my contribution multiplied by the applicable overtime premium rate (for example, if I have elected to contribute \$1/hour, when I work overtime payable at time-and-one-half, my contribution for those overtime hours will be \$1.50/hour.) Please confirm with your employer, their ability to withhold for OT/DT prior to making this election.
  - b. **After-tax Roth 401(k)\***—I wish to contribute the following per hour as **after-tax** contributions. I understand that this will NOT reduce the amount of my taxable compensation reported on Form W-2. Select one: \$5.00 \$3.00 \$1.00 Other amount \$ \_\_\_\_\_ (in \$.25 increments)  
 When I work **overtime**, I also elect to have my contribution multiplied by the applicable overtime premium rate (for example, if I have elected to contribute \$1/hour, when I work overtime payable at time-and-one-half, my contribution for those overtime hours will be \$1.50/hour). Please confirm with your employer, their ability to withhold for OT/DT prior to making this election.

PLEASE NOTE: The combined amount entered for pre-tax elective deferral contributions and Roth elective deferral contributions may not be more than 100% of your compensation or the IRS deferral limit (if less). The IRS maximum for pre-tax elective deferral contributions and Roth elective deferral contributions combined is \$24,500 (for 2026). However, if you are age 50 (or will be by the end of the year) or age 64+, you may defer an additional amount up to \$8,000 (for 2026) in catch-up contributions (for a total of \$32,500) and if you are age 60 (or will be by the end of the year) to age 63, you may defer catch-up contributions (in 2026) up to \$11,250 (for a total of \$35,750). IRS deferral limits are subject to change each year.

Check this box  if you meet the Age requirements for catch-up contributions as mentioned above, and wish to have catch-up contributions withheld by your employer.

\*Prior to making any After-tax Roth election, please confirm with your employer their ability to withhold for After-tax contributions.

## PART 3—AUTHORIZATION & AGREEMENT

I have read and I understand the disclosures found on both sides of this form. I understand that if I sign this form digitally, I must sign using an electronic signature pen or my finger, as computer generated signatures are not accepted.

X \_\_\_\_\_  
 Signature Date

## PART 4—EMPLOYER INFORMATION

\_\_\_\_\_  
 Employer Name Employer No.

After implementing the employee’s contribution election, including catch-up contributions, promptly forward this form to the address above OR email to [definedcontribution@scptac.org](mailto:definedcontribution@scptac.org) OR fax to (213) 487-7921.

## **AUTHORIZATION & AGREEMENT:**

This authorization replaces any previous one. I understand that these instructions will remain in effect until I change them per Fund rules. I hereby authorize the deductions from my pay indicated on the reverse of this form as Fund contributions to be made on my behalf by my Employer. If necessary to meet Internal Revenue Service requirements for the Fund, I understand that (i) my contribution may be reduced, (ii) my contributions may be refunded to me, and/or (iii) my before-tax contributions may be re-characterized and treated as after-tax contributions. I acknowledge (i) that I could have received the amount of these contributions in cash and (ii) that my elective contributions, my Employer's non-elective contributions, and any investment earnings are subject to withdrawal restrictions under the terms of the Fund and the Internal Revenue Code. These instructions will be effective as soon as administratively feasible and allowable under the rules of the Fund.

I understand that every quarter, I will receive a statement of my Account and the value of the shares held in each investment option. I understand and agree that I will have sixty days after the mailing of each such quarterly statement within which to file any written objections to such quarterly statement. I agree that upon the expiration of each such period, the Trustees shall be forever released and discharged from all liability and accountability to me and my beneficiaries concerning the propriety of their acts and the transactions shown in such quarterly statement, except for any such acts or transactions as to which I file written objections within such sixty-day period.

By signing page 2 of this form, I acknowledge that I may receive and review a current prospectus for any available investment option, free of charge, by contacting John Hancock Retirement Plan Services at (833) 388-6466 or [www.myplan.johnhancock.com](http://www.myplan.johnhancock.com). Shares of investment funds, including collective funds, insurance contracts, and mutual funds, are not insured by the FDIC nor insured or guaranteed by any government agency. These investments involve risk, including possible loss of the principal amount invested.

Email addresses may be used by one or more of the trust funds administered by the Southern California Pipe Trades Administrative Corporation or by their providers with whom the trust funds contract to assist in providing benefits and administering the plans. Email addresses will be used only for purposes of administering the trust fund and providing you with important information about the plans and the benefits and services offered.

### **NOTE:**

If this is a new enrollment opportunity for you, you should have been provided with a combined Notice of Automatic Enrollment and Qualified Default Investment Alternative Notice. If you have any questions about this Enrollment/Change/Opt-Out Form or the Plan in general—including the enrollment procedure, opt-out rules, investment alternatives, or benefits provided under the Plan—please refer to the Notice and the Summary Plan Description. If you need a copy of either, please contact the Fund Office at (800) 595-7473 or (213) 385-6161 and copies will be provided to you.

### **INVESTMENT INFORMATION:**

A number of investment options are offered in the Defined Contribution Fund. Before making your investment selections you should review the prospectus and other information available for each investment option. Investment fund information is available at [www.myplan.johnhancock.com](http://www.myplan.johnhancock.com), or from the Fund Office. To tell John Hancock Retirement Plan Services where to invest your future contributions, or to transfer existing balances among the investment options, you must have a Personal Identification Number (PIN). In order to create your PIN, you will need to know your Social Security Number, your date of birth, and your ZIP code in our records. Your PIN gives you access both to information through John Hancock Retirement Plan Service's toll-free telephone number, (833) 388-6466, and to John Hancock Retirement Plan Service's website.

**If you do not use your PIN to indicate your investment elections with John Hancock Retirement Plan Services, your contributions will be invested in the T. Rowe Price Retirement target date fund applicable to your age. If the information needed to determine your age is not available to the Fund Office, your contributions and balances will be invested in the T. Rowe Price Retirement Income Fund until the information is received.**