

**Building Service 32BJ Supplemental Retirement Savings Plan (SRSP)
DEFERRAL/INVESTMENT ELECTION**



1-800-752-2697

- Use this form to make employee contributions and investment choices under the Plan.
- You **must** complete sections 1 and 4.
- If you are enrolling for the first time, you should complete section 2 and leave section 3 blank.
- If you are making changes to your deferrals only, you should complete section 3 and leave section 2 blank.
- You are required to complete the appropriate sections of this form in ink. Upon completion:
 1. **Submit the original to your Employer's Payroll Office to complete section 5.**
 2. **Send a copy of the completed form to Mercer at the following address:**
 US Postal Mail (including USPS Express Mail) – Mercer, Attn: Building Service 32BJ SRSP (650630), P.O. Box 9740, Providence, RI 02940-9740.
 Other Courier Mail – Mercer, Attn: Building Service 32BJ SRSP (650630), Investors Way, Norwood, MA 02062.
 3. **Keep a copy for your records.**

1. Participant Information Please print clearly in CAPITAL LETTERS.

Social Security Number _____
Date of Birth (MM-DD-YYYY) _____
Date of Hire (MM-DD-YYYY) _____
Job Position

Last Name _____
First Name _____
MI

Mailing Address _____
Apt. #

City _____
State _____
Zip Code

(_____) _____
Daytime Telephone Number _____
Evening Telephone Number _____
Employer _____
Building Location

E-mail Address (Work) _____
E-mail Address (Home)

2. Initial Plan Elections (Complete if you are new to the plan- leave section 3 blank)

2a. Participant Contributions

Contribution Dollar Amount _____
 Future deferral changes will only occur during the open enrollment period. You may change your dollar amount to zero at any time. If you are 50 years of age or older (or will be during this calendar year) you are eligible to defer a "catch-up" amount as allowed per IRS regulations. This election should be factored into your deferral amount below.
 I elect to contribute the following dollar amount per week of my pay on a pre-tax basis (minimum \$10) \$ _____.

2b. Investment Choices (check only one):

- Check here if you would like to direct that all contributions be invested 100% in the Plan's qualified default investment account, the Vanguard Wellesley Income Fund – Admiral Shares. You do **not** have to complete the chart below.
- Indicate in the chart below by percentage how your contributions are to be allocated into the various investment options. Completing this section will affect both pretax deferrals and employer profit sharing contributions. If the percentages I provide below do not equal 100%, the money will be invested according to the Plan's default instructions until complete information is received from me.
- If you are currently contributing to the SRSP, and only wish to change your investment elections, please contact Mercer at 1-800-752-2697 to speak to a Customer Service Representative or log onto the Plan's website at ibenefitcenter.com.

Code	Name of Investment Fund:	Percentage	Code	Name of Investment Fund:	Percentage
Q2	Vanguard Wellesley Income Fund Admiral	%	Q1	Vanguard Total International Stock Index Fund Signal	%
Q3	Vanguard Institutional Index Fund – Institutional Class	%	QA	Vanguard Total Bond Market Index Fund Signal	%
P5	Allianz NFJ Small Cap Value Fund – Institutional Class	%	YA	Putnam Asset Allocation Growth Portfolio Class Y	%
A2	American Funds The Growth Fund of America – R6	%	YB	Putnam Asset Allocation Balanced Portfolio Class Y	%
T1	Federated Total Return Government Bond Fund - Institutional Shares	%	P3	Artisan Mid Cap Fund Investor	%
PA	Perkins Mid Cap Value Fund – Class I	%	P1	Columbia Acorn Z Fund	%
RA	PIMCO Total Return Fund – Institutional	%	89	Putnam Money Market Fund Class A	%
P7	TCW Galileo Select Equity Fund – I Shares	%	HA	Harbor International Fund Institutional	%
Q4	Vanguard Mid Cap Index Fund Signal	%	VP	Vanguard Value Index Fund Institutional	%
Q5	Vanguard Small Cap Index Fund Signal	%	Total must equal:		100%

If section 2b is not completed, your investment choices will remain unchanged.



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Participants should consider the investment objectives, risks, charges and expenses of a fund carefully before investing. For a prospectus or an offering statement containing this and other information about any fund, please call 1-800-752-2697. Read the prospectus or offering statement carefully before making any investment decisions.

An investment in a money market fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other governmental agency. Although such a fund seeks to preserve your investment at \$1.00 per share, it is possible to lose money by investing in the fund.

If you fail to make any investment choices, your future contributions will be invested 100% in the Plan's qualified default investment account, the Vanguard Wellesley Income Fund - Admiral Shares.

3. Participant Contribution Changes (Complete if you are changing your current deferral amount)

Contribution Dollar Amount Change.

Future deferral changes will only occur during the open enrollment period. You may change your dollar amount to zero at any time. If you are 50 years of age or older (or will be during this calendar year) you are eligible to defer a "catch-up" amount as allowed per IRS regulations. This election should be factored into your deferral amount below.

I elect to contribute the following dollar amount per week of my pay on a pre-tax basis (minimum \$10) \$_____.

- If you are currently contributing to the SRSP, and only wish to change your investment elections, please contact Mercer at 1-800-752-2697 to speak to a Customer Service Representative or log onto the Plan's website at ibenefitcenter.com.

4. Participant Signature

I acknowledge receipt of a prospectus or offering statement for each of the investment funds offered under the Plan. I authorize any future contribution or investment changes made by me through telephone, internet or other electronic means, as if I had authorized the action in writing with my signature. I understand that it is my responsibility to protect the security of my PIN provided to me by Mercer. I certify that the social security number indicated above is correct.

Signature of Participant

Date (MM-DD-YYYY)

5. Employer Section (For Payroll Use Only)

This participant is covered by a Collective Bargaining Agreement with SEIU, Local 32BJ or a Participating Agreement with the SRSP. This deferral should begin or change as soon as administratively possible and under the Plan document must take effect within fifteen days of receipt.

Date deferral form was received by the payroll office:_____

Date you will begin deferrals:_____