WESTERN WASHINGTON U.A. SUPPLEMENTAL PENSION PLAN

c/o Milliman Attn: Western Region DC Processing Center
P.O. Box 330
Seattle, WA 98111-0330
Phone (800) 481-7336 Fax (206) 903-0409

CANCELLATION OF VOLUNTARY PRE-TAX 401(K) CONTRIBUTION DEDUCTION

Name: _____ Date of Birth: _____ Soc. Sec. No.: _____
First Middle Last

Address: _____
Street City State Zip

Telephone #: (____) _____ (in case we need to contact you) Home Local #: _____

Current Employer: _____ Phone # _____

CANCELLATION OF DEDUCTION:
I hereby authorize my employer named above to cancel voluntary 401(k) deductions from my wages effective

_____.
(Date)

IN WITNESS WHEREOF, the undersigned has hereto set his/her hand.

_____ _____
Employee's Signature Date

INSTRUCTIONS:
Give White and Blue copies of form to your employer. The employer keeps the White copy and sends the Blue copy to Zenith Administrators with the final month of contributions. Employee keeps the Green copy.

WHITE – EMPLOYER COPY BLUE – ZENITH ADMINISTRATORS COPY GREEN – EMPLOYEE COPY