

# USW Industry 401(k) Plan

## CATCH-UP CONTRIBUTION CHANGE FORM

SEND COMPLETED FORM TO: Your Employer's Payroll Department

### PARTICIPANT INFORMATION

Name \_\_\_\_\_  
First Middle Last

Social Security No. \_\_\_\_\_ Day Time Phone \_\_\_\_\_

### Savings Contribution Rate

The USW Industry 401(k) Plan allows eligible participants to make additional deferrals, referred to as "catch-up contributions". If you reach age 50 by the end of the year, you may now elect to have additional deferrals made to the Plan. The regular deferral limit for 2013 is \$17,500 and the catch-up contribution limit for 2013 is \$5,500. The total amount of before-tax and after-tax contributions may not exceed 100% of your pay. The amount you contribute may not exceed the IRS maximum limits each year plus the catch-up amount allowed. If you contributed to a 401(k) plan with a prior employer this year, your before-tax contribution to that plan are included in the annual dollar limit on elective deferrals.

I will reach age 50 by the end of this year and elect to make additional catch-up contributions to USW Industry 401(k) Plan as follows:

Increase before tax contributions to: \_\_\_\_\_% (1% - 100%) Please indicate percentage of pay you would like to contribute. It must be a whole percentage.

### Investment Choice

In order to make investment election changes, you must contact MassMutual Financial Group at 800-74-FLASH (35274) or by logging on The Journey at [www.massmutual.com/retire](http://www.massmutual.com/retire)

### Transaction Authorization

I understand that MassMutual Financial Group will provide me with a Personal Identification Number (PIN) to access my account by telephone or by internet. I will keep my PIN confidential, and if I lose my PIN or think it has been stolen, or if an unauthorized transaction occurs, I will promptly notify MassMutual Financial Group. To access my account, I understand that I will need to provide my PIN and Social Security number and I may need to provide additional information to verify my identity. I understand that MassMutual Financial Group will honor any telephone/internet request that it believes to be authentic and I agree that MassMutual Financial Group will not be held liable for any loss or expense arising from a telephone/internet request unless that loss or expense is the direct result of negligence on MassMutual Financial Group's part or on the part of its employees. I agree that MassMutual Financial Group's records regarding my PIN number will be binding on all parties.

I understand that I will be sent written confirmations regarding requests I have made through MassMutual Financial Group's phone service or internet site and that I should review those confirmations and immediately contact MassMutual Financial Group if there are any inaccuracies. I also authorize my employer to direct my salary contributions into this Plan, to direct those amounts to the Plan's Trustees, and to make any other indicated changes.

### Signature

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Plan No. 60005

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