

Building Service 32BJ Supplemental Retirement Savings Plan
c/o John Hancock Retirement Plan Services, LLC
PO Box 940
Norwood, MA 02062



Visit us at mylife.jhrps.com or call us at
1.833.388.6466.

Re: Contribution Form

Enclosed is your **CONTRIBUTION FORM**. Use this form to start making contributions, change the amount of your contributions, or stop your contributions to the Plan. Please review this form carefully.

To process your request, you must:

- Step 1: check the option under the Contribution Change section to start making pre-tax contributions, change your amount of contributions or to stop making contributions*
- Step 2: sign the **CONTRIBUTION FORM** where indicated in the Signature section*
- Step 3: return all pages of **CONTRIBUTION FORM** (even if there is no election made on the page)*

Return form to:

Your Employer's Payroll Office.

Please note that forms returned without original signatures or all necessary attachments, if applicable, will be denied and you will be notified and provided with the reason(s) for denial and any corrective actions. Returning forms to you for correction will delay the processing of your transaction. If you do not return the completed form(s) within 180 days from the date of this letter, you will be required to obtain a new form package. Also, please be aware that this form package may only be used once, and copies of this form may not be accepted for future use.

If you have any questions about the above, please log on to mylife.jhrps.com or call John Hancock at 1.833.388.6466. The automated information line is available 7 days a week, 24 hours a day. Participant Service Representatives are available Monday through Friday, 8:00 a.m. to 10:00 p.m. Eastern Time, except on New York Stock Exchange holidays.

Thank you.

CONTRIBUTION FORM

Building Service 32BJ Supplemental Retirement Savings Plan

PARTICIPANT'S NAME		LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	EMPLOYEE NUMBER	DATE OF HIRE	DATE OF BIRTH

I have received a description of the Plan, and I hereby make the following election:

Use this form to start making contributions, change the amount of your contributions, or stop your contributions to the Plan. Check the appropriate box below and select your desired amount.

I. CONTRIBUTION CHANGE

- A. Start or Change Pre-Tax Contributions** – I elect to have \$_____ (minimum \$10) deducted per paycheck on a pre-tax basis and contributed to the Plan. I understand that in the event that my contributions in any year exceed those permitted by the Plan, the excess (plus any credited earnings) can be returned to me.

NOTE: If you are age 50 or older, or will turn 50 by year's end, and you contribute the maximum allowed, you may make catch-up contributions. Catch-up contributions allow you to save above the normal IRS annual limit on a pre-tax basis. For current IRS limits, contact John Hancock.

- B. Stop Contributions** – I elect to stop making pre-tax contributions to the Plan. I understand that my contributions will cease as soon as administratively possible following the return of this form. I also understand that I may elect to begin making pre-tax contributions by completing a new **CONTRIBUTION FORM**.

II. INVESTMENT ELECTION

I understand that if I have an existing account balance and I have completed this **CONTRIBUTION FORM**, my current investment elections for my future contributions will remain in place until I access my account by contacting John Hancock. I also understand that if I have no existing investment election, all future contributions made on my behalf will be invested in Plan's default fund.

III. SIGNATURE

I hereby authorize the Company to implement my election(s) as indicated on this form. I understand the amount I elect can be decreased by the Company at any time in order to comply with the requirements of the Internal Revenue Code.

Signature of Participant: _____ Date: _____

To Be Completed By Employer

The request for the above Participant is: **APPROVED** **NOT APPROVED**

If approved, the Custodian is hereby authorized to make the payment in accordance with the above election.

Plan Administrator: _____ Date: _____

Date form received by Plan Administrator: _____

Return this form to: Your Employer's Payroll Office.