

SOUTHERN CALIFORNIA PIPE TRADES DEFINED CONTRIBUTION FUND

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Enrollment/Change/Opt-Out Form

EMPLOYEE INSTRUCTIONS:

Complete all applicable sections and deliver to your employer.

⊏ I*	IPLOYER INSTRUCTIO	NS: Please complete the	following:		
En	ployer Name			Employer #	
Aft	er implementing the emp	oloyee's contribution election, Email: <u>info@scptac.org</u>		orm to the address above OR to: 7	
E۱	IPLOYEE INFORMATIO	N:			
Last Name, First Name, Middle Initial		Social Security Number (last four digits required)			
Address Phone Number			City, State, ZIP	City, State, ZIP Code	
		Date of Birth	Marital Status:	□Married □Single □Widowed □Legally Divorced (Date:	
	DOLLMENT & CONTRI	BUTION INFORMATION:			
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