



Your **Enrollment** Form

The purpose of this form is for you to instruct your employer to deduct part of your current pay for contribution into your Plan account. You will generally not owe federal income tax on the amounts that you defer (within IRS limits), or on the earnings of those investments, until these amounts are distributed to you from the Plan. You may revoke the contribution election that you make at any time. Contributions to your account will be made going forward by reductions from your paycheck each pay period. You may elect a percentage of your salary prorated for each pay period.

Name	Phone Number Sex M F [
Social Security Number	Email Address
Address	
City State Zip Code	Union Name & Number
Date of Birth Date of Hire	Marital Status Single Married Divorced Widov
ELECTIVE CONTRIBUTION ELECTION	
I hereby elect to contribute \$80 per month on my b	behalf to the Plan.
or or	
I hereby elect to have tax-deferred contributions eq	ual to \$ per pay period (whole dollar amounts only, minimum of \$20.00 per
month) of my compensation contributed on my bel	nalf to the Plan (not to exceed the allowable calendar year limit).
INVESTMENT INFORMATION	
Your contributions will be invested in the appropriate State St	reet Target Retirement Fund based on your date of birth as illustrated in the chart below.
are additional investment options available in the Plan. Inform	
are additional investment options available in the Plan. Inforn investment allocation at any time at sip.jhrps.com .	nation on each of the investment options is included in this kit. You can make changes to
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EMPLOYER: Please process this employee's enrollment and retain a copy of this form in the employee's personnel file.

When it comes to investing, time is a powerful ally. Compounding may go a long way toward helping you with your retirement goals. Compound earnings are the growth on your original contributions as well as the previous growth earned on those assets. It may not seem like much in the early days, but compounding can really add up! Check out the table below to see how. This example assumes a \$50,000 annual wage.

Contribution Rate	Age	Assumed annual rate of return		
		4%	6%	8%
5% (approximately \$208 per month)	20	\$313,934	\$573,246	\$1,097,251
	25	\$245,823	\$414,230	\$726,214
	30	\$190,040	\$296,340	\$477,174
	35	\$144,352	\$208,939	\$310,020

The illustrations provided in this calculator are hypothetical, and there are no guarantees that the results shown will be achieved or maintained over any time period. It assumes no withdrawals and doesn't take into account fees associated with the investment.

For more information regarding the SIP scan the QR code below for a brief presentation on the Plan. For questions please call a Plan Representative at 1-800-477-3829.



For more information regarding the SIP Plan in Spanish, scan the QR Code below for a brief presentation on the plan.





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