



**I.B.E.W. Local 640 and
Arizona Chapter N.E.C.A
Defined Contribution Plan**



**Employee Deferral 401k
Participant Information Sheet**

NAME _____

ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

D.O.B. _____

SSN # _____

CURRENT EMPLOYER _____

PAYROLL FREQUENCY _____

CONTRIBUTION 2% 4% 8% 10% 20% 30%

GENDER Male Female

MARITAL STATUS Married Single

DATE OF HIRE _____

Signature

Date

IMPORTANT: Please remit a copy of this form to your current employer, retain a copy for yourself and email a copy to dfwp@zenith-american.com or fax 602-248-8301 no later than the 15th day of the month when the deferral begins. If you do not have email capabilities, please ask the IBEW LU640 to send the document on your behalf. Proceed to the plan website (www.principal.com) to complete the enrollment process and select your investment options. If you need assistance or have questions with the enrollment process, please contact the Principal Financial Group Contact Center at 1-800-547-7754. Your Principal contract number is 722864.