

DEFERRED SALARY AGREEMENT FORM

- The elections you make on this form will apply to all covered work for the employer listed on the form, not limited to the current production, event, or venue, as long as the underlying agreement for that work allows salary deferrals to the Annuity Fund.
- When you go to work for a new employer, you must complete a new Deferred Salary Agreement form if you intend to make pre-tax contributions to the Annuity Fund through this employer, even if you have completed the form before.
- You must fill out a Deferred Salary Agreement form for each employer you work for.



How to use this form

1. Read the important information on this page regarding eligibility to contribute.
2. Complete all three sections of the form as indicated, including your signature and your employer's signature, then cut along the dotted line.
3. Submit the white (top) copy to your current employer.
4. After you complete the form and it is signed by your employer, mail the yellow (middle) copy to:
The I.A.T.S.E. National Benefit Fund Office
Attn: Contracts & Contributions/401(k)
417 Fifth Avenue, Third Floor, New York, NY 10016

Or, for faster processing, you can upload the form through the Fund's website iatsenbf.org.

5. Keep the pink (bottom) copy for your records.

Note: Your contribution elections will not be processed until the Fund Office receives the dually signed yellow (middle) copy of the form. The fastest and most secure way to have this form processed is to upload it to the Fund's website.

Review your eligibility for pre-tax contributions to the I.A.T.S.E. Annuity Fund

Two scenarios allow you to contribute to the Fund:

1. You work on a job covered under a Collective Bargaining Agreement between your employer and I.A.T.S.E. or an affiliated Local that allows salary deferral contributions, or you work for an affiliated Local covered under a Participation Agreement, and you receive an employer contribution to the I.A.T.S.E. Annuity Fund of 3% or more of your salary.
2. You
 - a. work on a job covered by one of the motion picture collective bargaining agreements or Participation Agreements listed below, provided such agreement allows deferrals to the I.A.T.S.E. Annuity Fund:
 - Theatrical and Television Motion Picture Area Standards Agreement
 - Majors Features and Television Agreements
 - AICP Commercial Production Agreement
 - Single Signatory (i.e., one-off) Theatrical Motion Picture and Television Agreements
 - Low Budget Theatrical and Television Motion Picture Term Agreements
 - Television Term Agreements

- Music Video Production Agreements
- Participation Agreement with a chartered Studio Mechanics Local of I.A.T.S.E.

and

- b. are not a highly compensated employee defined by the IRS. You are a highly compensated employee for a given year if in the prior year you received compensation above the IRS threshold (\$130,000 in 2021) from any one employer that participates in the Annuity Fund (including affiliated entities of that employer);

and

- c. are not receiving contributions to the Motion Picture Industry Plan for such employment;

and

- d. work under one of the eligible agreements listed and it provides for deferral contributions to the I.A.T.S.E. Annuity Fund. Not all eligible agreements listed allow for deferral contributions to the I.A.T.S.E. Annuity Fund. Please check with your employer or Local before filling out the Deferred Salary Agreement form.

Additional information about your pre-tax contributions

- You may make pre-tax contributions between 1% and 85% of your eligible pay (subject to certain limitations), up to the IRS limit of \$19,500 in 2021.*
- If you are age 50 or older as of Dec. 31, 2021, you may contribute an additional \$6,500 in 2021, for a total of \$26,000 in 2021.*
- Any amount deferred in excess of the legal limit shall be refunded to the employer that submitted it on your behalf.
- To change your election, you must notify your employer by completing a new Deferred Salary Agreement form.
- To notify the Plan of salary deferrals to another plan that may cause the limit to be exceeded, call **1-800-456-3863** or mail information to:

The I.A.T.S.E. National Benefit Fund Office
Retirement Services Department
417 Fifth Avenue, Third Floor, New York, NY 10016
- Every situation is different. To learn how about deferral limits and any tax consequences, contact a tax advisor or another financial professional.

*These limits will be indexed for inflation after 2021.

Plan feature(s) in this communication is current as of April 2021. The legal plan document governs the employer's plan. If any discrepancies, the legal plan document will govern. Contact your plan sponsor if you have any questions regarding applicable retirement plan provisions.

Insurance products and plan administrative services provided through Principal Life Insurance Co., a member of the Principal Financial Group®, Des Moines, IA 50392.

IATSE Annuity Fund – Deferred Salary Agreement Form

Submit the **WHITE** copy to your current employer and the **YELLOW** to the Fund Office. Keep the **PINK** copy for your records.

Note: By signing this form I agree that I have read the first page of this form and certify that I am eligible to defer to the IATSE Annuity Fund. I further certify that if I am deferring under one of the motion picture agreements listed on the first page, I am not a highly compensated employee, and upon request from the Fund, I agree to provide income tax or other records to verify my salary for the applicable year. The election below shall apply to all covered work for the Employer listed below **not limited to the current production, event, or venue as long as the underlying agreement for that work allows salary deferrals to the Fund.**

Your name _____ Date of birth ____/____/____ SSN _____ - _____ - _____

Address _____ Phone _____ Email: _____

Name of current production, event, or venue (required): _____ Employer's name: _____

PLEASE CHECK THE BOX THAT APPLIES:

Deferred Salary Contribution: I elect to contribute _____% **OR** \$ _____ of my salary* per week,** (to be deposited in my IATSE Annuity Fund, commencing as soon as practicable).

I ELECT NOT TO HAVE SALARY DEFERRED. (I would like to stop my deferrals to the IATSE Annuity Fund.)

Your signature _____ Date _____

FOR EMPLOYER USE ONLY

Employer name (please print) _____ Authorized signature*** _____ Date _____

*For purposes of salary deferrals, salary is the amount subject to IATSE Annuity Fund contributions under the collective bargaining agreement between the employer and the Union.

**Not to exceed the maximum limits permitted by law – refer to the first page of this form for more information.

***This form may be signed by an authorized individual of the payroll company acting as Agent of the Employer, but please so indicate after your signature.



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