



THE NEW YORK HOTEL TRADES COUNCIL
401(k) SAVINGS PLAN
 THE HOTEL ASSOCIATION OF NEW YORK CITY, INC.

305 West 44th Street • New York, NY 10036 • (212) 586-6400 ext. 4125 • Fax: (212) 586-3596 • HotelFunds.org

CHANGE FORM

1.) ADDRESS CHANGE

/ /		/ / /	MI
Social Security Number	Last Name	First Name	
Street	City	State	Zip Code
/ /	/ / /	/ / /	
Date of Birth	Date of Hire	Plan Entry Date	
	/		
Hotel Name	Shop #		

2.) PERCENTAGE CONTRIBUTION CHANGE

I elect to have a total percentage of _____% (**in 1% increments only**) of my salary designated as salary savings contributions to the New York Hotel Trades Council & Hotel Association of New York City, Inc. 401(k) Savings Plan. I hereby authorize the human resources and or payroll department of my employer to forward these contributions to my account established with the Union 401(k) Savings Plan Administrators. This percentage indicates the ***TOTAL AMOUNT*** that will be deducted per week. (***This percentage may be reduced to comply with IRS guidelines and plan limits.***) Changes must be received at least a week before the quarter dates listed below. Any changes received by the Funds Office after the dates below will be held for the following quarter.

3.) EMPLOYEE SIGNATURE

I understand that the purpose of this form is to change my address and or my voluntary contributions on my behalf only. I also understand that I must always provide to the Union 401(k) Plan Administrators my current address. I also understand that any changes in funds or fund allocations must be made through Principal Financial Group’s customer service at 1(866) NOW-401K or via Principal Financial Group’s website at www.principal.com and not with this form.

EMPLOYEE SIGNATURE _____
DATE

For hotel payroll personnel: do not start or change deduction PRIOR to the quarter indicated by this department unless the change is to “0” then execute immediately!

FOR DEPARTMENTAL USE ONLY (CIRCLE ONE)

1 ST QUARTER (JAN 1) (In By December 15 th)	2 ND QUARTER (APRIL 1) (In By March 15 th)	3 RD QUARTER (JUL 1) (In By June 15 th)	4 TH QUARTER (OCT 1) (In By September 15 th)
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Initials & Forwarded By: _____

Instructions for Change Form Submission

For the Union Member:

This form is to be completed and submitted to the:

*Retirement Services Department
New York Hotel Trades Council & Hotel Association of
New York City, Inc. Employee Benefit Funds Office
305 West 44th Street, New York, 10036*

The form must be submitted here first and **NOT** the human resources or payroll department of your hotel. The Retirement Services Department will notify your hotel of any changes you have requested. Forms submitted through the hotel may not be honored or processed.

Section 1:

- Be sure to include your Social Security Number, print name in full, address (*optional*), date of birth, date of hire (*optional*), plan entry date (*optional*)

Section 2:

- The minimum percentage deduction is 1%. The maximum is 25%.
- This form is due during the time period of three (3) weeks prior to the 15th of the month **prior** to the beginning of a new quarter (January 1st, April 1st, July 1st, October 1st) whereby you can make increases(+) or decreases(-) to your percentage election for payroll deduction to commence the beginning the 1st of the next quarter.
- If the cutoff date has passed for the new quarter deductions, then the only change that would be allowed is to suspend your contribution and bring your percentage deduction to “0”.

Section 3:

- Please sign and date your form. Forms not properly signed or dated will not be processed and sent back.

For the Hotel HR or Payroll Department:

At the bottom of the form there is a grey shaded area that must be signed and completed by the Hotel Trades Council Retirement Services Department prior to processing at the hotel.

- Please make sure not to accept forms that are not first processed and signed off by the Retirement Services Department at the New York Hotel Trades Council Employee Benefit Office.
- If the forms are submitted at your hotel please forward to the Retirement Services Department for acknowledgement and processing without taking any action.
- Please refrain from processing the form through your payroll cycle without first having the forms checked and verified by the Retirement Services Department at the New York Hotel Trades Council Employee Benefit Office.
- Only process forms acknowledged and submitted by the New York Hotel Trades Council Employee Benefit Office Retirement Service Department.
- If you need to contact us please call 1(212) 586-6400 Extension: 4125