John Hancock RETIREMENT PLAN SERVICES

SupplementalIncome 401(k) Plan
A PLAN FOR UNION MEMBERS

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 change your contribution amount during the Plan's open enrollment periods. Your change will be effective starting with the first day of the next calendar quarter. 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.

ACTION

PARTICIPANT INFORMATION – Please Print

Name _____ Phone Number _____ Sex M ☐ F ☐

Social Security Number _____ Email Address _____

Address _____ Employer _____

_____ Union Name & Number _____

Date of Birth _____ Date of Hire _____ Marital Status Single ☐ Married ☐ Divorced ☐ Widowed ☐

ACTION

ELECTIVE CONTRIBUTION ELECTION

Beginning with the next calendar quarter, I hereby elect to have tax-deferred contributions equal to (please check one):

☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% ☐ 6% ☐ 7% ☐ 8% ☐ 9%
☐ 10% ☐ 11% ☐ 12% ☐ 13% ☐ 14% ☐ 15% ☐ 16% ☐ 17% ☐ 18%
☐ 19% ☐ 20% ☐ 21% ☐ 22% ☐ 23% ☐ 24% ☐ 25%

☐ Other ___% of my compensation contributed on my behalf to the Plan (not to exceed the allowable calendar year limit).

ACTION

INVESTMENT ALLOCATION ELECTION

I hereby elect to have future Plan contributions invested according to the following investment elections. *Please use whole numbers, not fractions.*

___%	AllianzGI Technology Fund A – RAGTX	___%	JPMorgan SmartRetirement 2030 A – JSMAX
___%	American Funds EuroPacific Growth Fund R4 – REREX	___%	JPMorgan SmartRetirement 2035 A – SRJAX
___%	American Funds Washington Mutual Investors Fund R4 – RWMEX	___%	JPMorgan SmartRetirement 2040 A – SMTAX
___%	BlackRock Health Sciences Opportunities Fund A – SHSAX	___%	JPMorgan SmartRetirement 2045 A – JSAAX
___%	Columbia Mid Cap Index Fund A – NTIAX	___%	JPMorgan SmartRetirement 2050 A – JTSAX
___%	Columbia Small Cap Value Fund II A – COVAX	___%	JPMorgan SmartRetirement 2055 A – JFFAX
___%	Invesco Equity & Income Fund A – ACEIX	___%	JPMorgan SmartRetirement Income – JSRAX
___%	Invesco Small Cap Growth Fund A – GTSAX	___%	Loomis Sayles Bond Retail – LSBRX
___%	iShares S&P 500 Index Investor Fund A – BSPAX	___%	MainStay Total Return Bond Fund I – MTMIX
___%	JPMorgan SmartRetirement 2020 A – JTTAX	___%	SIP Stable Value Option – SIPSVO
___%	JPMorgan SmartRetirement 2025 A – JNSAX	**100%**	**TOTAL**

I understand that the above investment elections shall continue until such time that I file a new election. I have received the current prospectus of each Fund selected and confirm that all information, instructions, and agreements set forth hereon shall apply to the account, and if applicable, shall also apply to any other fund account with shares acquired upon the exchange of the shares of the Fund(s) I selected.

ACTION

AUTHORIZATION

I hereby authorize my employer to defer a portion of my compensation not yet earned and contribute the amounts deferred to the Plan as elective contributions, in accordance with my election indicated above.

Employee Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO YOUR EMPLOYER.

EMPLOYER: The information below must be completed and submitted 3 business days prior to contributions being remitted. Missing information will delay processing. FAX COMPLETED FORM to (816) 218–0423.

_____ _____ _____
Employer Signature Employer Number Employer Phone Number

John Hancock Retirement Plan Services, LLC is also referred to as "John Hancock".
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