

1 Employee Information

Soc Sec No [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

Name Last First MI

Local Name/No

Address

Birth Date [ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ]

City

Home Phone [ ][ ][ ][ ] / [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ]

State, Zip [ ][ ][ ] [ ][ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ]

Work/Pager [ ][ ][ ][ ] / [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ]

2 Important Information

- The purpose of this form is to allow you to authorize your employer to make a pre-tax payroll deduction in accordance with the Collective Bargaining Agreement (CBA) you are working under. This election by you is completely voluntary.
A separate form must be completed and submitted for each company at which you are employed.

Distribution:

Fax this form to (407) 938-4408
Or Mail a copy of this form to:
ABC Payroll
C/O Disney Worldwide Shared Services
PO BOX 10499
Lake Buena Vista, FL 32830

Fax this form to (323) 993 - 8834
or Mail a copy of this form to:
Entertainment Industry 401(k) Plan
PO Box 17928
Los Angeles, CA 90017-0928

Please retain a copy of this form for your records

3 Withholding Information

Enter the percentage of your gross compensation you want deducted each payroll period and contributed to the Entertainment Industry 401(k) Plan. Please enter a number between "0" and "20" ("0" to revoke).

[ ][ ][ ] . 0 0 %

4 Certification

I hereby authorize ABC DWSS Payroll. (or its authorized representative) to make the payroll deduction indicated above and forward these pre-tax earnings to the Entertainment Industry 401(k) Plan. I understand that my election will continue indefinitely until I recomplete this same form revoking the deduction I have read the Summary Plan Description and I am aware of the conditions of enrollment, participation and investment risk associated with this type of Plan.

Signature

Date: / /