



**1 Employee Information**

Soc Sec No    -   -

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Birth Date   /   /

City \_\_\_\_\_ Home Phone    /    -

State, Zip       -       Work/Pager    /    -

**2 Important Information**

- The purpose of this form is to allow you to authorize CBS to make a pre-tax payroll deduction in addition to any contribution made by CBS on your behalf in accordance with the IBEW-CBS Collective Bargaining Agreement (CBA). 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 (212) 213-4012  
Or Mail a copy of this form to:  
CBS, Inc.  
Attn: Payroll / Kevin Reid  
28 E. 28th Street., 12th Floor  
New York, NY 10016

- 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**

By completing this section you are increasing the amount of money contributed to your 401(k) Plan. The amount you choose to contribute on a pre-tax basis will be invested in the same manner as you have elected for your employer contributions.

Enter the percentage of your gross compensation you want deducted each payroll period and contributed to the Entertainment Industry 401(k) Plan. This amount is in addition to any contribution already made by your employer. Please enter a number between "0" and "100" ("0" to revoke).

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**4 Certification**

I hereby authorize my employer (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: \_\_\_ / \_\_\_ / \_\_\_