



CORPORATE OFFICER / SOLE PROPRIETOR ELECTION TO PARTICIPATE in the SOUTHERN CALIFORNIA PIPE TRADES TRUST FUNDS

- Southern California Pipe Trades Health & Welfare Fund
- Southern California Pipe Trades Retirement Fund
- Southern California Pipe Trades Defined Contribution Fund
- Southern California Pensioners and Surviving Spouses Health Fund
- Southern California Pipe Trades Christmas Bonus Fund
- United Association National Pension Fund
- International Training Fund

PART 1—PARTICIPANT INFORMATION

Participant Name _____ Social Security No. _____

I will begin contributing for hours worked _____ / _____
 (Month) (Year)

I am a Corporate Officer Sole Proprietor _____
 Administrative Duties Only OR Performs Covered Work OR Both

I have received the contribution options and have chosen Option No. _____ (See contribution rates attached.)

I have read and I understand the provisions of my Collective Bargaining Agreement related to owners who participate in the Funds. I understand that I must contribute for the greater of 110 hours per month or hours worked for all Funds except Health and Welfare (some Agreements vary, and a greater number of hours may be required to be reported). Health and Welfare hours must be reported at 120 hours regardless of hours worked. I understand that, in general, if my company becomes more than 45 days delinquent in paying contributions to the trusts, my eligibility under the Health & Welfare Fund will be terminated, and I will not be eligible to contribute in the future except under certain circumstances. **I understand that if I am a sole proprietor, I am NOT permitted to make contributions to the Southern California Pipe Trades Retirement Fund, the Southern California Pipe Trades Defined Contribution Fund, or any other qualified pension plan, and I agree not to attempt to make such contributions.** Except for contributions to the Southern California Pipe Trades Health & Welfare Fund, to which contributions must be made based on 120 hours, contributions must be based on 110 hours or hours worked, **whichever is greater.**

PART 2—PARTICIPANT SIGNATURE

X _____
 Corporate Officer / Sole Proprietor Signature Date

 Printed Name Social Security Number

 Employer Name

PART 3—LOCAL UNION SIGNATURE

We do not contest the participation of this Corporate Officer/Owner in the Southern California Pipe Trades Trust Funds.

X _____
 Local Union Signature Date

 Printed Name Local Union Number

Revised January 2024