

HOTEL UNION AND HOTEL INDUSTRY OF HAWAII 401(k) RETIREMENT SAVINGS PLAN
c/o BENEFIT & RISK MANAGEMENT SERVICES, INC.
560 NORTH NIMITZ HIGHWAY, SUITE 209 HONOLULU, HI 96817
PHONE (808) 523-0199 FAX (808) 537-1074

EMPLOYEE 401(k) DEDUCTION CANCELLATION FORM

_____ LAST NAME	_____ FIRST NAME	_____ M.I.	_____ S.S. NUMBER
_____ MAILING ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
_____ COMPANY	_____ DEPARTMENT	_____ DATE OF BIRTH	_____ DATE OF HIRE
MARITAL STATUS: SINGLE/MARRIED	SEX: MALE/FEMALE	PHONE NO. _____	

YOU MUST SUBMIT THIS FORM DIRECTLY TO THE PLAN ADMINISTRATOR AT THE ADDRESS SHOWN ABOVE OR VIA FACSIMILE AT (808) 537-1074. YOUR PAYROLL CANCELLATION WILL BE PROCESSED FOR THE NEXT PAY PERIOD FOLLOWING RECEIPT OF THIS FORM BY THE PLAN ADMINISTRATOR.

CANCELLATION FOR PAYROLL DEDUCTIONS:

EMPLOYEE AUTHORIZATION: I HEREBY SUBMIT MY AUTHORIZATION TO CANCEL MY DEDUCTIONS FOR THE 401(K) RETIREMENT SAVINGS PLAN. I UNDERSTAND THIS CANCELLATION WILL BE EFFECTIVE AS SOON AS THE PAYROLL DEPARTMENT CAN IMPLEMENT THIS REQUEST (USUALLY WITHIN 20 DAYS).

EMPLOYEE'S SIGNATURE

DATE