

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 96813  
PHONE (808) 523-0199 FAX (808) 537-1074

**EMPLOYEE 401(k) INVESTMENT OPTION CHANGE FORM**

_____ LAST NAME	_____ FIRST NAME	_____ M.I.	_____ S.S. NUMBER
_____ MAILING ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
_____ COMPANY	_____ DEPARTMENT	_____ DATE OF BIRTH	_____ PHONE NO.

**1. PLEASE INDICATE WHICH PORTION OF YOUR INVESTMENTS THIS OPTION CHANGE SHOULD APPLY:**

(SELECT ALL OF THE FOLLOWING DESIGNATIONS THAT APPLY)

\_\_\_\_\_  
NEW CONTRIBUTIONS

\_\_\_\_\_  
EXISTING DEFERRAL  
BALANCE

\_\_\_\_\_  
EXISTING ROLLOVER  
BALANCE

\_\_\_\_\_  
EXISTING MATCHING  
BALANCE

**2. INVESTMENT ELECTION: PLEASE SELECT YOUR NEW INVESTMENT OPTION(S)**

(PLEASE NOTE THAT YOU MAY SELECT MORE THAN ONE OPTION, HOWEVER, THE TOTAL PERCENTAGE MUST EQUAL 100%)

\_\_\_\_\_% OPTION 1 VANGUARD RETIREMENT SAVINGS TRUST

\_\_\_\_\_% OPTION 2 T. ROWE PRICE RETIREMENT BALANCED FUND

\_\_\_\_\_% OPTION 3 T. ROWE PRICE RETIREMENT 2020 FUND

\_\_\_\_\_% OPTION 4 T. ROWE PRICE RETIREMENT 2030 FUND

\_\_\_\_\_% OPTION 5 T. ROWE PRICE RETIREMENT 2040 FUND

\_\_\_\_\_% OPTION 6 VANGUARD TOTAL MARKET INDEX FUND

\_\_\_\_\_% OPTION 7 VANGUARD TOTAL INTERNATIONAL STOCK FUND

OPTION 8 PARTICIPANT DIRECTED (PLEASE CALL THE ADMINISTRATOR FOR DETAILS)

**100** % TOTAL – THE SUM OF YOUR INVESTMENT ELECTION(S) MUST EQUAL 100%

**THIS FORM MUST BE FILED WITH THE TRUST FUND OFFICE AT LEAST 15 DAYS BEFORE THE START OF THE QUARTER THAT YOU WANT THE CHANGE TO BECOME EFFECTIVE.**

CHANGE IN INVESTMENT OPTIONS:

EMPLOYEE AUTHORIZATION: I HEREBY AGREE TO ALL OF THE TERMS AND CONDITIONS OF THE INVESTMENT PLAN, AND AUTHORIZE THE INVESTMENT ELECTION AS INDICATED ABOVE. I UNDERSTAND THAT I MAY CHANGE MY INVESTMENT OPTIONS ON THE FIRST DAY OF ANY CALENDAR QUARTER WITH 15 DAYS ADVANCE NOTICE.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

## **INSTRUCTIONS FOR COMPLETING INVESTMENT OPTION CHANGE FORM**

- 1) Clearly complete the top section with your personal information and employer information as indicated.
- 2) Select which portion of your account you wish to change as follows (check **all** options that apply):
  - **New contributions:** this option changes the investment allocation for your 401(k) contributions received as of the start of the effective quarter, and does not affect the investment allocation of your existing balance.
  - **Existing Deferral balance:** this option changes the investment allocation of your existing Deferral account balance as of the start of the effective quarter, and does not affect the investment allocation of your 401(k) contributions, your existing rollover account and/or matching account if applicable.
  - **Existing Rollover balance:** this option changes the investment allocation of your Rollover account existing balance as of the start of the effective quarter.
  - **Existing Matching balance:** this option changes the investment allocation of your Matching account existing balance as of the start of the effective quarter.

Note: if you wish to designate different investment allocation changes for both your existing balance and your new contributions, you must complete a separate form for each.
- 3) Select your new investment election(s). Please note that if you select more than one option, then the total percentage allocated to each investment must total 100%.
- 4) Read the Employee Authorization, and if accepted, sign and date where indicated.
- 5) Mail or fax the form directly to the address/number shown on the top of the form.

If you have any questions, please call our office at (808) 523-0199 and ask for Carol.