



457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Please review the information you have received from ICMA-RC carefully prior to enrolling in the plan. The information is intended to assist you with understanding how the plan works, and how it can help you save for a secure retirement.

Please carefully complete all sections of the form and submit the completed form to your employer.

1. PERSONAL INFORMATION – Provide all of the requested information. The employer plan number can be obtained by contacting your employer or ICMA-RC at 800-669-7400.

2. CONTRIBUTION AMOUNT – Use this section to specify the percentage or dollar amounts you will contribute to the plan. You can change your contribution amount at any time. Your initial contribution election, and any future changes, will be effective as of the first pay period of the calendar month following the date you submit your completed form to your employer. For information on the maximum contribution amounts, please go to www.icmarc.org.

Roth Contributions – If offered by your plan, you can designate a portion (or all) of your contributions as Roth, which are made on an after-tax basis. These contributions, and associated earnings, can later be withdrawn tax-free if the requirements for a qualified distribution are met. To learn more, visit www.icmarc.org/rothanalyzer.

3. BENEFICIARY DESIGNATION – In the event of your death, your designated beneficiary(ies) will be entitled to any assets remaining in your account. If no beneficiary information is provided, your estate will be your beneficiary.

Please provide all of the requested information for each designated beneficiary, including the date of birth and Social Security number, as this information will help ICMA-RC locate your beneficiaries.

To designate additional beneficiaries, (1) write “see attached sheet” on the primary and/or contingent beneficiary line(s) under “Name” and (2) attach and sign a separate piece of paper with your name, plan number, Social Security number, and additional beneficiary information.

Missing percentage(s) for all of your primary and/or contingent beneficiaries will result in equal allocation among beneficiaries. Beneficiary designations are invalid if percentages are given for every beneficiary, but they do not equal 100% or are expressed with fractions (e.g., 33 1/3 %).

If you are naming a trust as your primary or contingent beneficiary, a complete copy of your entire trust document must be submitted with this form. ICMA-RC will not be able to honor your beneficiary designation if the entire copy of your trust document is not included.

4. COMMUNITY PROPERTY STATE SPOUSAL CONSENT – If you are married and live in a community property state (**AZ, CA, ID, LA, NV, NM, TX, WA, or WI**), your spouse is generally entitled to be the primary beneficiary for at least 50% of your account balance unless he/she consents to waive this right in the presence of a notary public. Failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your intended beneficiary(ies).

5. ALLOCATION OF CONTRIBUTIONS – Your contributions can be invested in one or more funds available to your plan (your employer may place restrictions on investment in certain funds). Use whole percentages for your allocations (e.g., 50%, not 33 1/3 %). Do not use fixed dollar amounts. Before investing, please read the applicable VantageTrust Fund Fact Sheet(s) and the VantageTrust Funds Disclosure Memorandum or the appropriate prospectus carefully for a complete summary of all fees, expenses, investment objectives and strategies, and risks. **If no allocation instructions are provided, the percentages do not total 100%, or the allocation instructions are invalid, assets will be allocated to the default investment selected by your employer until additional instructions are received from you.** Review the *Notice Regarding Default Investments* included in the *457 Enrollment Kit* for more information.

PLEASE NOTE: The allocation instructions you provide will affect payroll contributions only. To specify the allocation for any rollover contributions from another eligible retirement plan, please contact ICMA-RC for the appropriate transfer form that will provide instructions on establishing a rollover allocation. In the absence of rollover allocation instructions, incoming rollover assets will be invested in your payroll contribution allocation, or in the default investment selected by your employer if your contribution allocation is not established.

Participants residing in New York State will have their investment allocated according to their payroll contribution allocation, per New York State plan rules.

6. SIGNATURES – Please be sure to sign and date this section of the form. Return the completed form to your employer.

Please do not delay in submitting the completed enrollment form to your employer. If ICMA-RC receives a contribution to your account prior to your account being established, the contribution will be returned to your employer.

WELCOME TO ICMA-RC!

ICMA-RC will send you confirmation of your enrollment. Please review the confirmation notice and quarterly statements for your account to ensure your account information is accurate, and promptly notify ICMA-RC of any updates that are needed.



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Complete this form to open an account with ICMA-RC by carefully reading the attached instructions and printing legibly in blue or black ink.

1. REQUIRED PERSONAL INFORMATION

Employer Plan Number **30** Employer Plan Name _____ State _____

Social Security Number (for tax-reporting purposes) _____ - _____ - _____ Date of Birth ____/____/____
Month Day Year Date Employed/Rehired* ____/____/____
Month Day Year

Full Name of Participant _____
Last First M.I.

Mailing Address/Street _____

City _____ State _____ Zip Code _____

Provide your email to be enrolled in e-Delivery automatically. You will receive email notification when your quarterly statements and transaction confirmations are available online. You may opt out by checking the box below. **Email Address** (required for e-Delivery): _____

No, I do not wish e-Delivery at this time.

Job Title: _____ Email Address: _____

Preferred Phone Number (_____) _____ - _____
Area Code

Gender: M F Marital Status: Married Single

2. CONTRIBUTION AMOUNT

Specify the total percentage or dollar amounts you wish to contribute each pay period. Contributions will begin as soon as administratively possible following the month in which this form is signed.

- Pre-tax deferrals of _____ % or \$ _____ from my pay each pay period.
- Roth* deferrals of _____ % or \$ _____ from my pay each pay period.

**NOT available in all plans. Please check with your employer to confirm that Roth deferrals are offered in your plan before selecting this option.*

3. BENEFICIARY DESIGNATION

Please use whole percentages (e.g., 50%, not 33 1/3 %) and be sure the percentages total 100% when designating primary and contingent beneficiaries.

Primary Beneficiary(ies): NAME	DATE OF BIRTH	RELATIONSHIP TO YOU*	SOCIAL SECURITY NUMBER (for tax-reporting purposes)	% OF BENEFIT (whole %)
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
				Total = 100%
Contingent Beneficiary(ies), if any:				
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
				Total = 100%

*The beneficiary relationship options are spouse, non-spouse, trust, estate, and charity.

