



457 Deferred Compensation Plan Employee Enrollment Form — Page 1

1. REQUIRED PERSONAL INFORMATION

Employer Plan Number: 303133 Employer Plan Name: CITY OF FIRCREST

Social Security Number (for tax-reporting purposes): _____ - _____ - _____

Full Name of Participant: _____
Last First M.I.

Mailing Address/Street: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) Date Employed/Rehired: ____/____/____ (mm/dd/yyyy) Rehire? check if Yes

Email Address: _____

Job Title: _____

Preferred Phone Number: (____) _____ - _____ Gender: Male Female Marital Status: Married Single
Area Code

2. CONTRIBUTION AMOUNT

Specify a percentage or dollar amount for pre-tax and/or Roth contributions. If you sign this form prior to your first day of work, contributions will begin as soon as administratively possible. Otherwise, contributions will begin as soon as administratively possible following the month in which this form is signed.

Pre-tax contributions of _____ % or \$ _____ from my pay each pay period.

Roth contributions of _____ % or \$ _____ from my pay each pay period.

If you are taking advantage of the catch-up contribution provision available to 457 deferred compensation plan participants, please check the applicable box here:

"Age 50" catch-up provision

3. BENEFICIARY DESIGNATION

- Update and designate additional beneficiaries at any time via Account Access at www.icmarc.org.
- Failure to indicate any percentage or failure to use whole percentages (e.g., enter 33%, not 33.33% or 33 1/3 %) that total 100% for your "Primary" beneficiary(ies) and 100% for your "Contingent" beneficiary(ies) may invalidate your beneficiary designation.
- Check one "Beneficiary Type" and one "Relationship" for each beneficiary. Failure to do so may result in your designation being invalid.
- **Married Participants - Some 401 plans require that you obtain consent from your spouse if you do not designate him/her as the primary beneficiary for 100% of your account. If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must obtain consent from your spouse to designate a nonspouse beneficiary for greater than 50% of the account. Use the Beneficiary Designation Form, available online at www.icmarc.org/forms, if spousal consent is required.**

Beneficiary Type:	<input checked="" type="checkbox"/> Primary	Relationship (Check One):	<input type="checkbox"/> Spouse	<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> Trust*	<input type="checkbox"/> Charity
_____	_____	____/____/____	____-____-____	____%		
Name		Date of Birth	Social Security Number	% of Benefit	<small>(whole % only)</small>	
<hr/>						
Beneficiary Type(Check One):	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One):	<input type="checkbox"/> Spouse	<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> Trust*	<input type="checkbox"/> Charity
_____	_____	____/____/____	____-____-____	____%		
Name		Date of Birth	Social Security Number	% of Benefit	<small>(whole % only)</small>	
<hr/>						
Beneficiary Type(Check One):	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One):	<input type="checkbox"/> Spouse	<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> Trust*	<input type="checkbox"/> Charity
_____	_____	____/____/____	____-____-____	____%		
Name		Date of Birth	Social Security Number	% of Benefit	<small>(whole % only)</small>	