ICMARC

457

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: ☑ Primary Relationship (Check One): ❑ Spouse ❑ Non-Spouse ❑ Trust* ❑ Charity

_____ __ __/__ __/__ __ __ __ __ __ __ - __ __ - __ __ __ __ __ __ __%
Name Date of Birth Social Security Number % of Benefit
(whole % only)

Beneficiary Type(Check One): ❑ Primary ❑ Contingent Relationship (Check One): ❑ Spouse ❑ Non-Spouse ❑ Trust* ❑ Charity

_____ __ __/__ __/__ __ __ __ __ __ __ - __ __ - __ __ __ __ __ __ __%
Name Date of Birth Social Security Number % of Benefit
(whole % only)

Beneficiary Type(Check One): ❑ Primary ❑ Contingent Relationship (Check One): ❑ Spouse ❑ Non-Spouse ❑ Trust* ❑ Charity

_____ __ __/__ __/__ __ __ __ __ __ __ - __ __ - __ __ __ __ __ __ __%
Name Date of Birth Social Security Number **% of Benefit**
(whole % only)

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Employer Plan Number
303133

Social Security Number
___ ___ ___ - ___ ___ - ___ ___ ___ ___

Name *(please print)*
_____

Beneficiary Type(Check One): ❑ Primary ❑ Contingent Relationship (Check One): ❑ Spouse ❑ Non-Spouse ❑ Trust* ❑ Charity

Name	Date of Birth	Social Security Number	% of Benefit (whole % only)
_____	__ __/__ __/__ __ __ __	__ __ __ - __ __ - __ __ __ __	__ __ __%

** **Trust Beneficiaries -** You must submit a copy of your entire trust document with the enrollment form if you desire the beneficiaries of the trust to be treated as designated beneficiaries for the purpose of determining required minimum distributions.*

Designate additional beneficiaries online after your account is established, or write "see attached sheet" and attach and sign a separate piece of paper with your name, plan number, Social Security number, and the additional beneficiary information.

4. INVESTMENT SELECTION

Your selection will determine how contributions to your account will be invested. 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 Enrollment Kit for more information. Note: The allocation instructions you provide will apply to payroll contributions only.

OR

❑ **Build your own investment portfolio**
Input the fund codes and allocation percentages (must total 100%) to show how contributions to your account will be invested. For a list of investment options available to your plan, go to www.icmarc.org/fundinfo.
Note: Please use whole percentages only.

INVESTMENT ALLOCATION			
Code	Percent	Code	Percent
			TOTAL = 100%

5. AUTHORIZED SIGNATURES

Submit this form to your employer promptly to avoid investment delay. If this form is faxed to ICMA-RC please do not mail the original.

Note that by signing this form you acknowledge that you agree to the following disclosure: I understand that ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, ICMA-RC, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

_____ __ __/__ __/__ __ __ __
Participant's Signature Month Day Year

Employee ID _____
For Employer Use Only

_____ __ __/__ __/__ __ __ __
Authorized Employer Official's Signature Month Day Year