



# 457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM

- Use this form to open an account with the ICMA Retirement Corporation.
- Read instructions on the back before completing this form. Please print legibly in blue or black ink.
- To make legal changes (i.e., change of name, marital status, or beneficiary changes) use the *Employee Information Change Form*.
- **Return this form to your employer promptly. Your employer must provide this form to ICMA Retirement Corporation before the payroll date of your first deferral. To make address changes, investment allocation changes or fund transfers, please visit VantageLink ([www.icmarc.org](http://www.icmarc.org)) or use VantageLine (1-800-669-7400).**

<b>1</b> <b>Required Participant Information</b> <i>Information in this box must be completed to avoid processing delays.</i>	<b>Employer Plan Number</b> _____ <b>Employer Plan Name</b> _____ <b>State</b> _____
	<b>Social Security Number</b> _____ - _____ - _____
	<b>Full Name of Participant</b> Last _____ First _____ M.I. _____
	<b>Mailing Address/Street</b> _____ _____
	<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____
	<b>Date of Birth</b> _____ <b>Date Employed/Retired</b> _____ <b>Rehired?</b> <input type="checkbox"/> Check if yes <small>Month / Day / Year      Month / Day / Year</small>
	<b>Email Address</b> _____
	<b>Job Title:</b> _____
	<b>Daytime Phone Number</b> _____ <b>Evening Phone Number</b> _____ <b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F <b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <small>(Area Code) -      (Area Code) -</small>

<b>2</b> <b>Beneficiary Designation</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name</th> <th style="width:15%;">Date of Birth</th> <th style="width:30%;">Relationship to you</th> <th style="width:15%;">Social Security Number</th> <th style="width:10%;">% of benefit</th> </tr> </thead> <tbody> <tr> <td colspan="5">Primary Beneficiaries:</td> </tr> <tr> <td>_____</td> <td>__/__/__</td> <td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>__/__/__</td> <td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>__/__/__</td> <td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="5">Contingent Beneficiaries, if any:</td> </tr> <tr> <td>_____</td> <td>__/__/__</td> <td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>__/__/__</td> <td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>__/__/__</td> <td><input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Date of Birth	Relationship to you	Social Security Number	% of benefit	Primary Beneficiaries:					_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____	_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____	_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____	Contingent Beneficiaries, if any:					_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____	_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____	_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
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<b>3</b> <b>Amount of Deferral</b>	I authorize my employer to defer _____ % or \$ _____ from my pay each pay period to be contributed to my ICMA-RC account, starting on ____/____/____ (effective date). Please indicate which type(s) of deferrals are included in the above amount: <input type="checkbox"/> <b>Normal deferral</b> <input type="checkbox"/> <b>Catch-up contributions:</b> Please indicate <b>ONE</b> of the following types of catch-up rules you are using: <input type="checkbox"/> "pre-retirement" provision <b>OR</b> <input type="checkbox"/> "age 50" provision
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<b>4</b> <b>Allocation of Contributions</b>	Fill in the boxes at right with codes of the fund(s) you want to invest in. A list of funds and codes can be found on the <i>Investment Options</i> sheet. See Instruction 4 on the back of this form.  State law, local law, or your employer may place restrictions on investment in these funds.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Note: Please make sure percent amounts total 100%. Use whole percentages.</b> </div>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="4">ALLOCATION</th> </tr> <tr> <th style="width:25%;">Code</th> <th style="width:25%;">Percent</th> <th style="width:25%;">Code</th> <th style="width:25%;">Percent</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3"> </td> <td><b>TOTAL = 100%</b></td> </tr> </tbody> </table>	ALLOCATION				Code	Percent	Code	Percent																								<b>TOTAL = 100%</b>
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<b>5</b> <b>Employee Signature</b>	I acknowledge that I have read and agree to the disclosure (see 5 & 6 on the back of this form). Participant Signature _____ Date _____ Employee ID _____ <div style="text-align: right; font-size: small;">(for Employer Use Only)</div>
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<b>6</b> <b>Employer's Authorization</b>	_____ Authorized Employer Official's Signature      Date
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## 457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature so you understand the plan's provisions. To make future changes to your account such as address and/or fund transfers, please use VantageLink ([www.icmarc.org](http://www.icmarc.org)) or VantageLine (1-800-669-7400).

**IMPORTANT NOTE:** Please do not delay in submitting this form. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

You will receive a confirmation of your enrollment. You will also receive a quarterly financial statement. Please review these carefully.

### 1. PARTICIPANT INFORMATION

Please complete this section carefully. The employer plan number is available from your employer or ICMA-RC Investor Services at 1-800-669-7400.

### 2. BENEFICIARY DESIGNATION

Print beneficiaries' names and Social Security Numbers and designate their relationship to you and the percentage to be received. The IRS has certain rules governing disbursement of funds to beneficiaries. These rules are outlined in your employer's plan and in ICMA-RC's *Participant and Beneficiary Withdrawal Packets*.

### 3. AMOUNT OF DEFERRAL

IRS regulations allow you to defer the lesser of (1) the full 100% of your gross income after subtracting any Section 414(h) picked-up contributions (mandatory employee contributions to 401 qualified retirement plans made with pre-tax dollars), or (2) a dollar limit in effect for that year. If you are age 50 or older, you may make additional annual catch-up contributions of a dollar limit in effect for that year. In addition, there are special catch-up provisions during the three years prior to the calendar year of normal retirement age. For the applicable dollar limits, please log on to [www.icmarc.org](http://www.icmarc.org) or contact Investor Services at 1-800-669-7400. A participant may increase, decrease, and/or start, stop and restart contributions by executing appropriate forms and will be effective, if practical, the first pay period of the calendar month commencing after the date the amendment is executed. If you defer more than allowed under IRS regulations, it is your responsibility to correct the error.

### 4. ALLOCATION OF CONTRIBUTIONS

You may place your contributions in one fund or in any combination of funds, although your employer may place restrictions on investment in certain funds. If the allocation total does not add up to 100 percent then the remainder will be allocated to the PLUS Fund. If no selection is given your contribution will be allocated to the default fund selected by your employer. Use whole percentages (e.g., 50 percent, not 33 1/3 percent). Do not use fixed dollar amounts. Please see the VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for full descriptions of the funds.

**PLEASE NOTE:** This will affect contributions only. To specify the allocation for your rollover contributions, please complete a Trustee-to-Trustee to ICMA Retirement Corporation form.

### 5 & 6. AUTHORIZED SIGNATURES

Once you have completed this form, sign it and submit it to your employer for approval.

Note that by signing this form you acknowledge that you agree to the following:

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus. I understand that the ICMA Retirement Corporation has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. If allowed by my employer and in the event I choose to transfer funds by Internet or telephone, I agree that neither VantageTrust Company, the ICMA Retirement Corporation, 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.

An authorizing signature does not represent an obligation to use the telephone transfer feature available on VantageLine.

**Welcome to the ICMA Retirement Corporation!**