

## 457 Deferred Compensation Plan Employee Enrollment Form Instructions

Please review the information you have received from ICMARC 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. REQUIRED PERSONAL INFORMATION** — Provide all of the requested information. The employer plan number can be obtained by contacting your employer or ICMARC 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](http://www.icmarc.org).

**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 ICMARC 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. ICMARC 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. INVESTMENT SELECTION** Choose one of the investment selections  
**SIMPLIFY AND DIVERSIFY WITH ONE FUND**

Milestone Fund

- The Milestone Fund is a diversified fund designed for investors who expect to retire and/or begin withdrawals around a target year. Note that you may change this investment at any time. Prior to completing this form, please read *Making Sound Investment*

*Decisions: A Retirement Investment Guide* and the appropriate prospectus for a full description of the Milestone Funds. By completing this form, you are electing to invest your contributions in the Milestone Fund with the target date closest to the year in which you reach age 60 (or alternate retirement age selected by your plan). If your enrollment form does not contain a valid date of birth, your contributions will be directed to the most conservative target-date fund available.

Model Portfolio Fund

- If you select this option, you must select the Model Portfolio Fund that most closely matches your level of risk tolerance.
- Model Portfolio Fund are composed of portfolios of other Vantagepoint Funds.
- Underlying fund selection and asset mix of Model Portfolio Fund are intended to reflect risk tolerance.
- Asset allocation mix of each Model Portfolio Fund is maintained over time.
- Review and select the fund from the Balanced/Asset Allocation Funds list in the Investment Options section.

**BUILD YOUR OWN INVESTMENT PORTFOLIO** — 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. Please read *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for full descriptions of the funds. **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 Deferred Compensation Plan 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 ICMARC 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.

**ASK ICMARC TO INVEST AND MANAGE YOUR ACCOUNT FOR YOU** — If you select this option, you will be enrolled in ICMARC's Managed Account Service. You are charged an asset-based fee for the services provided under Managed Accounts. Please read the enclosed *ICMARC Guided Pathways® Fund Advice and Managed Accounts Investment Advisory Agreement* for additional information.

**If all requested Managed Accounts information is not provided in Section 5, your assets may be allocated to the default investment selected by your employer until your Managed Accounts enrollment can be completed.**

**For Your Desired Retirement Age:** Enter the year in which you would like to retire. If no age is provided, we will use age 65.

**For Your Annual Desired Retirement Income:** Enter the total annual dollar amount or percent you wish to receive from all of your retirement income sources. If no amount is provided, the Annual Desired Retirement Income will initially be calculated as 100% of your after-tax salary.

**For Additional Employer Contributions:** Please fill in employer contributions only if applicable.

**For Social Security Retirement Benefits:** Please indicate whether you expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

**For Annual Social Security Retirement Benefit:** If no Annual Social Security Retirement Benefit is provided, Managed Accounts will generate an estimated amount based on your current salary. Retired participants who wish to have Social Security benefits included in their account management must provide an estimated annual dollar amount.

**For Number of Dependents:** You may include up to 10 dependents other than yourself (and your spouse if included) that you currently claim as an exemption on your tax return.

**For Your Pension:** Please indicate whether you expect to receive Pension payments outside of Social Security or your 457 or 401 Plan retirement accounts. If you select "No" or do not select either box, we will not include Pension information. If you select "Yes" please provide an annual Pension Benefit Amount estimate by selecting one of the two below options:

**Option A** — Enter the annual benefit amount you expect to receive in retirement in today's dollars, OR

**Option B** — Enter the percentage of your salary you expect to receive in retirement.

In addition, Select "Yes" to "Is your pension subject to a cost of living adjustment (COLA)?", if your annual pension benefit will increase after retirement.

**If you wish to further personalize your Managed Accounts enrollment, please complete and return the attached Additional Managed Accounts Information. This information can also be provided at any time after your initial enrollment. Although this additional information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMA-RC provide you with a more personalized level of account management.**

**6. AUTHORIZED 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. **If this form is faxed (302-682-5439) 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, LLC, 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.

If you selected Managed Accounts in the Investment Selection section of this enrollment form, you acknowledge that you have read and understand: 1) *ICMA-RC Guided Pathways Fund Advice and Managed Accounts Investment Advisory Agreement*, dated September 2015, (The "Investment Advisory Agreement"), including the information on Managed Accounts advisory fees, 2) *Part 2A of ICMA-RC's Form ADV for Guided Pathways® and Retirement Readiness Reports Advisory Services*, and 3) *VT Retirement IncomeAdvantage Fund Summary Important Considerations*, if the VT Retirement IncomeAdvantage Fund is an option in your plan. These documents, as well as the full *VT Retirement IncomeAdvantage Important Considerations* document, are also available online via Account Access ([www.icmarc.org](http://www.icmarc.org)) or by contacting ICMA-RC Investor Services at 800-669-7400.

By signing this Enrollment Form, you also certify that you agree to all the terms and conditions set forth on the attached *Investment Advisory Agreement* and that you are also executing the *Investment Advisory Agreement* as of the date you sign the Enrollment Form.

**Welcome to ICMA-RC!**

## Additional Managed Accounts Information Instructions

**Only complete and return this page if you selected Managed Accounts in the Investment Selection section of this form and wish to further personalize your enrollment in Managed Accounts.**

Although this additional information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMARC provide you with a more personalized level of account management.

**Retirement Information:** Only complete this section if you are within 10 years of your desired retirement age and the VT Retirement IncomeAdvantage Fund is an available investment option in your Retirement Plan. If you are within 10 years of your desired retirement age and the VT Retirement IncomeAdvantage Fund is an available investment option in your Retirement Plan and you do not provide an answer, the second answer listed for both questions will be used ("Likely -75% chance" and "Near average").

If the VT Retirement IncomeAdvantage Fund is an option in your Retirement Plan, based on your overall situation and responses to the following questions, Managed Accounts may recommend that a portion of your assets be invested in the VT Retirement IncomeAdvantage Fund, a VantageTrust Fund that invests in a separate account under a group variable annuity issued by a third-party insurance company, based on your overall situation and responses to the following questions. A Guarantee Fee of 1.00% is assessed by the third-party insurance company for the VT Retirement IncomeAdvantage Fund guarantees and is included along with other fund fees and expenses in the VT Retirement IncomeAdvantage Funds' net expense ratio. These guarantees are also subject to certain limitations, terms, and conditions. Please see the *VT Retirement IncomeAdvantage Fund Summary Important Considerations* document for more information.

**Your Spouse or Partner Information provided in Section 8:** Including information on your Spouse's or Partner's salary will increase your household retirement income and retirement income goals, which has a direct impact on the advice you will receive. If you elect to include your spouse or partner, it is important that you provide information on his/her Social Security benefits, Pensions, and Outside Accounts.

**Social Security Retirement Benefits:** Please indicate whether your spouse or partner will expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

**Annual Social Security Retirement Benefit:** If no Annual Social Security Retirement Benefit is provided, Managed Accounts will generate an estimated amount based on your spouse or partner's current salary. If you wish to have Social Security benefits included in the account management for a retired spouse or partner, you must provide an estimated annual dollar amount.

Pension:

- **Annual Pension Benefit Amount,** please choose only one of the two below options:

Option #1 — Enter the annual benefit amount your spouse or partner expects to receive in retirement in today's dollars.

**OR**

Option #2 — Enter the percentage of salary your spouse or partner expects to receive in retirement.

- Select "Yes" to "Is their pension subject to a cost of living adjustment (COLA)?" if your spouse or partner's annual pension benefit will increase after retirement.

**Outside Accounts Information provided in Section 9:**

- Annual Outside Account contributions will be considered as Pre-Tax for all account types except for Roth IRA, Taxable Savings, and Taxable Brokerage which will be considered Post-Tax.
- Please designate the asset allocation for the listed outside accounts. If no asset allocation is provided or if the asset allocation provided does not total 100%, the asset allocation will initially be designated as 55% U.S. Large-Cap Stocks, 5% U.S. Small-Cap Stocks and 40% Bonds.
- To provide information on more than two outside accounts, (1) write "see attached sheet" in the section and (2) attach and sign a separate piece of paper with your name, plan number, Social Security Number, and additional outside account information.

Once you have completed this page, sign it and submit it to your employer along with the enrollment form.

A confirmation package will be mailed to you following receipt, in good order, of all necessary documentation. This package will confirm your personal and financial information and provide you with your wealth forecast and information on how ICMARC will be managing your account.

To update your information, including the asset allocation for your outside accounts, at any time after your Managed Accounts enrollment, go online to [www.icmarc.org](http://www.icmarc.org) or call Investor Services at 800-669-7400 to request a *Guided Pathways® Managed Accounts Update Form*.

## 457 Deferred Compensation Plan Employee Enrollment Form — Page 1 of 4

Complete this form to open an account with ICMARC by carefully reading the attached instructions on the back of the form pages and printing legibly in blue or black ink.

### 1. REQUIRED PERSONAL INFORMATION

Employer Plan Number

306152

Employer Plan Name

CITY OF FORT DODGE

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

Date Employed/Retired

Retire? ☐ Check if YES

Month / Day / Year

Month / Day / Year

Email Address (required for e-Delivery):

**Go Green with Electronic Delivery** — ICMARC is committed to help reduce paper use and the environmental impact with electronic delivery (e-Delivery). With e-Delivery, you will receive a notification by email when your financial documents (quarterly statements and transaction confirmations) are available to you.

If you do not want e-Delivery of your financial documents, please check this box: ☐ No, I do not wish e-Delivery at this time

Job Title

Department

Daytime Phone Number

( )  
Area Code

Evening Phone Number

( )  
Area Code

Gender ☐ Male ☐ Female

Marital Status ☐ Married ☐ Single

### 2. CONTRIBUTION AMOUNT

Specify the total percentage and/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.

### 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 %)
	/ /		- - -	
	/ /		- - -	
	/ /		- - -	
				<b>Total = 100%</b>

#### Contingent Beneficiary(ies), if any:

	/ /		- - -	
	/ /		- - -	
	/ /		- - -	
				<b>Total = 100%</b>

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

## 457 Deferred Compensation Plan Employee Enrollment Form — Page 2 of 4

Employer Plan Number

306152

Social Security Number

Name (please print)

### 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), you must generally name your spouse as a primary beneficiary for at least 50% of the account unless your spouse consents to waive this right. **Your spouse's written consent must be witnessed by a notary public.**

**SPOUSAL CONSENT** (to be completed by participant's spouse):

By signing below, I agree to waive my right to at least 50% of my spouse's account upon his or her death. I understand each beneficiary designation is not valid unless I consent to it.

Signature of Participant's Spouse

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Print Name of Participant's Spouse

**Notary Public:**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_

Notary Public's Signature

Notary Public's SEAL

My commission expires \_\_\_\_\_

### 5. INVESTMENT SELECTION

**Choose only one of the investment selections.** Your selection will determine how contributions to your account will be invested. If this section is not completed, or if you make an invalid selection, your contributions will be invested in the default investment selected by the plan sponsor until you provide additional instructions. Please refer to the *Investment Options Sheet* for a list of funds and codes. If you elect to participate in the optional Managed Accounts service, you are charged an ongoing asset-based fee for the additional services provided.

#### Simplify and diversify with one fund

- ☐ **Milestone Fund.** You will be invested in the Milestone Fund, also known as a "Target Date" fund, which most closely matches the year in which you will reach your plan's default retirement age. For most plans this is age 60. The Milestone Fund is a diversified fund designed for investors who expect to retire and/or begin withdrawals around a target year. Note that you may change this investment at any time.
- ☐ **Model Portfolio Fund.** Fund Code \_\_\_\_\_ = 100%

**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. A list of funds and codes can be found on the Investment Options Sheet. Read Section 5 of the form instructions for information on how assets will be invested in the absence of accurate and complete instructions.

**Note: Please use whole percentages only.**

INVESTMENT ALLOCATION			
Code	Percent	Code	Percent
TOTAL = 100%			

**OR**

#### **Ask ICMA-RC to invest and manage your account for you**

- ☐ **Managed Accounts (100%).** By selecting this option, you agree to have your account professionally managed by ICMA-RC. You must also provide the below information and complete the "Additional Managed Accounts Information" on the following page.

Annual Salary: \$ \_\_\_\_\_ Desired Retirement Age: \_\_\_\_\_ Your Annual Desired Retirement Income: \$ \_\_\_\_\_ or \_\_\_\_\_ %  
(100% of current after-tax salary is recommended)

Additional Employer Annual Contribution (if applicable) \_\_\_\_\_ % or \$ \_\_\_\_\_

Will you receive Social Security Retirement Benefits? ☐ Yes ☐ No

Annual Social Security Retirement Benefit \$ \_\_\_\_\_ (Please see instructions for further details)

Number of Dependents \_\_\_\_\_

Will you receive Pension payments outside of Social Security or your 457 or 401 Plan retirement accounts? ☐ Yes ☐ No If you select "Yes", please complete A, B and C below.

(A) Age at which Pension Begins \_\_\_\_\_

(B) Annual Pension Benefit Amount (choose only one)

Option 1: \$ \_\_\_\_\_ (In today's dollars) you expect to receive in retirement or

Option 2: \_\_\_\_\_ % of your salary you expect to receive in retirement

(C) Is your Pension subject to a cost of living adjustment (COLA) in retirement? ☐ Yes ☐ No

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**IMPORTANT NOTICE:** Before you begin to fill out this form, please remove it from the enrollment book.  
Carefully tear perforation along the left edge, keeping the parts together.

457

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## 457 Deferred Compensation Plan Employee Enrollment Form — Page 3 of 4

Employer Plan Number

306152

Social Security Number

Name (please print)

### 6. AUTHORIZED SIGNATURES

I acknowledge that I have read and agreed to the disclosure in the form instructions (see 6). 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.

Participant's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Employee ID

For Employer Use Only

Authorized Employer Official's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

## 457 Deferred Compensation Plan Employee Enrollment Form — Page 4 of 4

Employer Plan Number  
306152

Social Security Number

Name (please print)

### Additional Managed Accounts Information

Only complete and return this page if you selected Managed Accounts in the Investment Selection section of this form, and wish to further personalize your enrollment in Managed Accounts.

#### 7. RETIREMENT INFORMATION

**ONLY COMPLETE THIS SECTION IF YOU ARE WITHIN 10 YEARS OF YOUR DESIRED RETIREMENT AGE AND THE VT RETIREMENT INCOMEADVANTAGE FUND IS AN AVAILABLE INVESTMENT OPTION IN YOUR RETIREMENT PLAN**

- A. To what extent is this retirement account intended to be a source of ongoing income during your retirement years?
- ☐ Extremely likely - Nearly 100% chance    ☐ Likely - 75% chance (default)    ☐ Not likely - Less than 50% chance
- B. Once you have reached age 65, on average you should expect to live an additional 20 to 25 years. Given your own health status and family history do you feel you will live?
- ☐ Shorter than average    ☐ Near average (default)    ☐ Longer than average
- C. Bequest Amount \$ \_\_\_\_\_

#### 8. YOUR SPOUSE OR PARTNER INFORMATION

▶▶▶ Please read the instructions on the back for important information about including Spouse or Partner information. ◀◀◀

Spouse or Partner Name

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender ☐ Male ☐ Female Desired Retirement Age: \_\_\_\_\_ Current Annual Salary: \$ \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Your Spouse's or Partner's Annual Desired Retirement Income: \$ \_\_\_\_\_ or \_\_\_\_\_ % (100% of current after-tax salary is recommended)

Will your Spouse or Partner receive Social Security Retirement Benefits? ☐ Yes ☐ No

Annual Social Security Retirement Benefit \$ \_\_\_\_\_ (Please see instructions for further details)

##### Spouse or Partner's Pension

(A) Age at which Pension Begins: \_\_\_\_\_

(B) Annual Pension Benefit Amount (choose only one): Option #1: \$ \_\_\_\_\_ (In today's dollars) your spouse/partner expects to receive in retirement **OR**  
Option #2: \_\_\_\_\_ % of your spouse/partner's salary he/she expects to receive in retirement

(C) Is this Pension subject to a cost of living adjustment (COLA) in retirement? ☐ Yes ☐ No

#### 9. OUTSIDE ACCOUNT INFORMATION

**Outside Account 1:** Account Owner ☐ You or ☐ Your Spouse/Partner

Account Type (Check only one) ☐ 401(k) ☐ 401(a) ☐ 403(b) ☐ 457 ☐ Traditional IRA ☐ Roth IRA ☐ Taxable Savings ☐ Taxable Brokerage

Account Name \_\_\_\_\_

Total Account Balance \$ \_\_\_\_\_ You or your Spouse/Partner Annual Contribution \$ \_\_\_\_\_ Employer Annual Contribution\* \$ \_\_\_\_\_ \*If applicable

##### Asset Allocation Details

U.S. Stocks \_\_\_\_\_ % International Stocks \_\_\_\_\_ % Bonds \_\_\_\_\_ % Cash \_\_\_\_\_ % **Total = 100%** If no information is provided or the asset allocation does not total 100%, the asset allocation will be 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks, and 40% Bonds.

**Outside Account 2:** Account Owner ☐ You or ☐ Your Spouse/Partner

Account Type (Check only one) ☐ 401(k) ☐ 401(a) ☐ 403(b) ☐ 457 ☐ Traditional IRA ☐ Roth IRA ☐ Taxable Savings ☐ Taxable Brokerage

Account Name \_\_\_\_\_

Total Account Balance \$ \_\_\_\_\_ You or your Spouse/Partner Annual Contribution \$ \_\_\_\_\_ Employer Annual Contribution\* \$ \_\_\_\_\_ \*If applicable

##### Asset Allocation Details

U.S. Stocks \_\_\_\_\_ % International Stocks \_\_\_\_\_ % Bonds \_\_\_\_\_ % Cash \_\_\_\_\_ % **Total = 100%** If no information is provided or the asset allocation does not total 100%, the asset allocation will be 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks, and 40% Bonds.

#### 10. SIGNATURE

Participant Signature \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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Print date: 11/17/2015

1<sup>st</sup> COPY — ICMARC COPY

2<sup>nd</sup> COPY — EMPLOYER COPY

EK306152



## 457 DEFERRED COMPENSATION PLANS

# CONTRIBUTION CHANGE FORM

1. Use this form to change the amount you contribute to your 457 deferred compensation plan account with ICMA-RC.

**Note:** You should only use this form if you have previously established an account in your employer's plan.

2. Return the completed form to your employer.

Year	Maximum Contribution	Age-50 Catch-Up	Pre-Retirement Catch-Up
2015	18,000 (Approximately \$692 every two weeks)	\$6,000 (\$24,000 total)	\$18,000 (\$36,000 total)

### 1 PARTICIPANT INFORMATION

Employer Plan Number: \_\_\_\_\_ Employer Plan Name: \_\_\_\_\_

Identification (Please provide your Social Security Number or Employee ID)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **OR** Employee ID: \_\_\_\_\_

Full Name of Participant: \_\_\_\_\_

### 2 CONTRIBUTION AMOUNT & EFFECTIVE DATE

#### Contribution Amount (per pay period)

I authorize my employer to contribute the amount specified below from my pay each pay period, to be contributed to my 457 deferred compensation plan account with ICMA-RC. (Specify a percentage or dollar amount for pre-tax and/or Roth contributions.)

☐ **Pre-Tax Contributions:** ☐ Percentage: \_\_\_\_\_ % or ☐ Dollar Amount: \$ \_\_\_\_\_ (per pay period)

☐ **Roth Contributions:** ☐ Percentage: \_\_\_\_\_ % or ☐ Dollar Amount: \$ \_\_\_\_\_ (per pay period)

**Roth contributions are not available in all plans. Please check with your employer or ICMA-RC to confirm that Roth contributions are offered in your plan before selecting this option.**

**Normal Contribution Limit (2015):** 100% of compensation or \$18,000, whichever is less.

**Catch-up Contributions:** If you are taking advantage of either of the catch-up contribution provisions available to 457 plan participants, please check the applicable box below.

☐ Age 50 catch-up contributions (up to \$6,000 more than the normal limit. \$24,000 maximum.)

☐ Special pre-retirement catch-up (up to \$18,000 more than the normal limit. \$36,000 maximum.)

Please read ICMA-RC's *Pre-Retirement Catch-Up Form* for more information.

#### Effective Date

All contribution changes will be effective as of the first pay period of the calendar month following the date you submit this form to your employer, or as soon as administratively possible thereafter, unless a later date is specified below.

- Future Effective Date (cannot be earlier than the beginning of the following month): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 3 SIGNATURES

Participant Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_