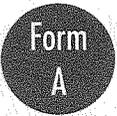




# quick | Enrollment Form 457 Deferred Compensation Plans



- Please review the form instructions for important information.
- Carefully complete all sections of this form in blue or black ink.
- Submit the completed form to your employer to enroll in the ICMA-RC 457 deferred compensation plan.

## 1. PERSONAL INFORMATION

Employer Plan Number: **30** Employer Plan Name: \_\_\_\_\_

Social Security Number (For tax reporting purposes) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date Employed/Rehired \_\_\_\_\_ Rehired?   
Month / Day / Year Month / Day / Year Check if yes

Name \_\_\_\_\_  
Last First MI

Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Gender: **M**  **F**  Marital Status: **Married**  **Single**  Email \_\_\_\_\_

## 2. INVESTMENT SELECTION

By signing 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). **Please note that after your account has been established, you are able to make changes to your investments at any time.**

## 3. CONTRIBUTION ELECTION

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.

(Select one option only) Pre-tax deferrals of \_\_\_\_\_ % or \$ \_\_\_\_\_ from my pay each pay period.  
 1%  3%  5%  15% **OR**  \$20  \$50  \$100

## 4. BENEFICIARY DESIGNATION

Please use whole percentages only (e.g., 50%, not 33 1/3%) and be sure the "% of Benefit" column totals 100%. The beneficiary's relationship to you can be: spouse, non-spouse, trust, or charity.

### Primary Beneficiaries:

Name	Date of Birth	Relationship to You	Social Security Number (For tax reporting purposes)	% of Benefit
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____

### Contingent Beneficiaries:

Name	Date of Birth	Relationship to You	Social Security Number (For tax reporting purposes)	% of Benefit
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____

If you wish to designate more than two (2) primary and/or contingent beneficiaries, write "see attached" in this section and attach a separate document with the additional beneficiary(ies) information. The document should also include your Social Security Number, printed name, signature and date.

## 5. SIGNATURES

Sign, date, and submit the completed form to your employer.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Employer Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Employer Official's Name (Please print) \_\_\_\_\_ Authorized Employer Official's Title \_\_\_\_\_

## quick | Enrollment Form - 457 Deferred Compensation Plans 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.

**Section 1: Personal Information** – Provide all of the requested information. The employer plan number can be obtained by contacting your employer or calling ICMA-RC at 800-669-7400.

**Section 2: Investment Selection** – 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.

**Section 3: Contribution Election** – Use this section to specify the percentage and/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 the completed form to your employer. For information on the maximum contribution amounts, please go to [www.icmarc.org](http://www.icmarc.org).

**Roth Contributions** – If offered by your plan, you can elect to make Roth contributions in addition to, or instead of, pre-tax contributions. Please check with your employer or ICMA-RC to confirm availability. To make Roth contributions, you must complete the *457 Deferred Compensation Plan Employee Enrollment Form* or the *Amount of Deferral Change Form* instead of this form. To learn more, visit [www.icmarc.org/rothanalyzer](http://www.icmarc.org/rothanalyzer).

**Section 4: 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.

**Married Participants Living in Community Property States:** Your spouse is generally entitled to be the primary beneficiary for 100% of your account balance unless he/she waives that right. If you choose to name someone other than your spouse as primary beneficiary for your account, please contact ICMA-RC to obtain the required *Community Property Spousal Waiver Form*.

**Section 5: Signatures** – Please be sure to sign and date this section of the form. Return the completed form to your employer.

**Submit 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.

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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.*