

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) or use VantageLine (1-800-669-7400).

1 Required Participant Information
Information in this box must be completed to avoid processing delays.

Employer Plan Number _____ Employer Plan Name _____ State _____

Social Security Number _____

Full Name of Participant _____

Last _____ First _____ M.I. _____

Mailing Address/Street _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date Employed/Rehired _____ Rehired? Check if yes

Month _____ Day _____ Year _____ Month _____ Day _____ Year _____

Job Title: _____

Daytime Phone Number _____ Evening Phone Number _____ Gender M F Marital Status Married Single

Area Code _____ Area Code _____

Email Address _____

2 Beneficiary Designation

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: _____	_____	_____

3 Amount of Deferral

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:

Normal deferral

Catch-up contributions: Please indicate **ONE** of the following types of catch-up rules you are using:

"pre-retirement" provision **OR** "age 50" provision

4 Allocation of Contributions

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 *Investment Options* 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.

Note: Please make sure percent amounts total 100%.

ALLOCATION			
Code	Percent	Code	Percent
			TOTAL = 100%

5 Employee Signature

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 _____
(for Employer Use Only)

6 Employer's Authorization

Authorized Employer Official's Signature _____ Date _____