



457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM

- Use this form to open an account with ICMA-RC. Read the 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*.
- To make address changes, investment allocation changes, or fund transfers, please visit Account Access (www.icmarc.org) or use VantageLine (800-669-7400).
- Return this form to your employer promptly. Your employer must provide this form to ICMA-RC before the payroll date of your first deferral.

1 Required Participant Information <i>Information in this box must be completed to avoid processing delays.</i>	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? <input type="checkbox"/> Check if yes
	Month / Day / Year Month / Day / Year
	Job Title: _____ Email Address: _____
	Daytime Phone Number _____ Evening Phone Number _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single

2 Beneficiary Designation <i>Note: Please make sure percent amounts total 100%. Use whole percentages. Please see instructions on reverse side.</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name</th> <th style="width:10%;">Date of Birth</th> <th style="width:30%;">Relationship to you</th> <th style="width:15%;">Social Security Number</th> <th style="width:15%;">% 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="4"></td> <td style="text-align: right;">Total = 100%</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> <tr> <td colspan="4"></td> <td style="text-align: right;">Total = 100%</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: _____	_____	_____					Total = 100%	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: _____	_____	_____					Total = 100%
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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: <input type="checkbox"/> Normal deferral <input type="checkbox"/> Catch-up contributions: Please indicate ONE of the following types of catch-up rules you are using: <input type="checkbox"/> "Pre-Retirement" provision OR <input type="checkbox"/> "Age 50" provision
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4 Allocation of Contributions	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 <i>Investment Options Sheet</i> . Read Section 4 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.	<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> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3"></td> <td>TOTAL = 100%</td> </tr> </tbody> </table>	ALLOCATION				Code	Percent	Code	Percent																				TOTAL = 100%
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5 Employee Signature	I acknowledge that I have read and agree to the disclosure on the back of this form (see Instructions 5 & 6). _____ Participant Signature _____ Date _____ Employee ID _____ <i>(for Employer Use Only)</i>
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6 Employer's Authorization	_____ 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 in the *457 Enrollment Kit* so you understand the plan's provisions.

After you enroll, and your account at ICMA-RC has been established, you can make future changes to your account such as address changes and/or fund transfers using Account Access (www.icmarc.org) or VantageLine (800-669-7400).

IMPORTANT NOTE: Please do not delay in submitting this form to your employer. 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 Welcome Letter from ICMA-RC confirming that your enrollment is complete. You will also receive quarterly statements for your account. Please review these carefully and notify ICMA-RC immediately of any errors.

1. PARTICIPANT INFORMATION

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

Beneficiary percentages are invalid if your request omits percentages or includes percentages that do not equal 100% or were expressed with fractions.

To update your beneficiary information, please use the *Employee Information Change Form*. You can download a PDF of the form by accessing our Web site at www.icmarc.org/forms. Please note that beneficiary information cannot be provided over the telephone.

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.

If none of your primary beneficiaries are living upon your death, your assets will be distributed to your estate unless you have designated a contingent beneficiary.

Note: If a Social Security Number is not provided for beneficiaries, and/or ICMA-RC cannot locate the named beneficiaries, the account balance will be paid to your estate.

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES

If you are married and live in a Community Property state, you must generally name your spouse as your beneficiary unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this enrollment process. Please be advised that 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 designated beneficiary. If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the *Community Property Spousal Waiver Form*. Contact 800-669-7400 for more information and to request the waiver form.

3. AMOUNT OF DEFERRAL

IRS regulations allow you to defer the lesser of (1) a dollar limit in effect for that year, or (2) 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). 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, the "Pre-Retirement" catch-up provision allows eligible participants to contribute additional amounts during the three years prior to the calendar year of their declared normal retirement age. For the applicable dollar limits, please log on to www.icmarc.org or contact Investor Services at 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.

4. ALLOCATION OF CONTRIBUTIONS

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 percent, **NOT** 33 1/3 percent). 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 Enrollment Kit* for more information.

PLEASE NOTE: This will affect contributions only. To specify the allocation for any rollover contribution from another eligible retirement plan, please complete a *Trustee-to-Trustee Transfer to ICMA-RC Form*.

For more information regarding the Securities Investor Protector Corporation (SIPC), including the SIPC brochure, please contact SIPC at www.sipc.org or (202) 371-8300.

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 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.

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

Welcome to ICMA-RC!