

## MARION COUNTY RETIREMENT PROGRAM EZ ENROLLMENT/PARTICIPATION AGREEMENT

☐ 664174 – Marion County 457(b)

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	PAI	RTICIPA	MI INFO	ORMATION					
Name									
(Las	(Last) (First) (MI)				Social Security #				
Address	ss				Date of Birth				
(Number, Street, Apt#)									
					Employee ID#				
(Cit	(City) (State) (ZIP)								
Phone () () Evening Phone					ate Employed/Rehi	red			
Day	time Phone	Eve	ning Phon	e					
Department	E-mail Address				Rehired? Check if y	ves 🗌 Gei	nder 🗌 Male	Female	
		DEFERI	RAL ELI	CCTION					
Deferred Compensation an	nounts shall be withheld and deposited	PER PA	Y PERIO	D as follows:					
Employee Pre-Tax Defer	ral Amount				*		0/		
	r, \$13.65 per pay period min.	LATAMO	DUNTPER	PAY PERIOD	or* OF BASE SAL	ARY PER PA			
Tittimum \$525.00 per year	, vis.or per pay per tou min.	EIII IIII	- CIVII EIC	I TIT I EIGOD	OI BRIDE BRIE	anti i biti i	TT TEIGED		
Employee (Post-Tax) Rot	h Deferral Amount \$			PAY PERIOD	or*		%		
Minimum \$325.00 per year	r, \$13.65 per pay period min. $\overline{F}$	FLAT AMO	OUNTPER	PAY PERIOD	OF BASE SAL	ARY PER PA	AY PERIOD		
*If the amount deferred i	is based on percent of base salary, the	amount w	vill change	when your b	ase salary changes.				
	ement will be effective the first availa					mpleted for	m is received by	Vova	
	e for forms is the last business day of								
following receipt.	•								
	BE	NEFICIA	ARY DES	IGNATION					
I designate the following b	eneficiary or beneficiaries in accordar				ntage for primary be	eneficiary m	ust total 100%.	 The total	
	peneficiary, if applicable, must total 10			ine total perce	nuge for printing of				
Complete Legal Name, Addr			onship	SSN	Date of Birth	Primary	Contingent	%	
						×			
								+	
								1	
								+	
	EMPLOYEE ELE	CTION	TO UTI	LIZE EZ EI	NROLLMENT				
I have received a packet of	information outlining the Deferred Co	mpensatio	on Plan, as	well as an en	rollment kit which in	cludes infor	mation about the	contract	
	understand I am electing to utilize the M								
	ed below, which has been designated by					ge my invest	ment allocation	at any tim	
by contacting voya Financ	ial® at (800) 584-6001 or linking to Ac Your Date of Birth	count Ac	Fund #	Fund Name	rementplans.com.				
	Born before 01/01/1948	ĺ	0795		Target Retirement Incom	ne			
	Between 01/01/1948 and 12-31-195	52	0791		Target Retirement 2015				
	Between 01/01/1953 and 12-31-195		1296		Target Retirement 2020				
	Between 01/01/1958 and 12-31-196		0926		Parget Retirement 2025				
	Between 01/01/1963 and 12-31-196 Between 01/01/1968 and 12/31/197		1297 0793		Carget Retirement 2030 Carget Retirement 2035				
	Between 01/01/1973 and 12/31/197		1298		Target Retirement 2040				
	Between 01/01/1978 and 12/31/198	32	0794	Vanguard® 7	arget Retirement 2045				
	Between 01/01/1983 and 12/31/198		1299		Parget Retirement 2050				
	Between 01/01/1988 and 12/31/199 Between 01/01/1993 and 12/31/199		2473 3447		Carget Retirement 2055 Carget Retirement 2060				
	Born 01/01/1998 or After	,	8995		Target Retirement 2065				
		•		~	-	_			
I certify that the informa	tion on this form is true, complete a	nd accur	ate.	RETU	RN COMPLETED			Financia	
					FORM TO:	533	31 SW Macada		
							Portland, (	Suite 207 3R 97239	
							FAX: (503)		
Employee's Signature	Date						1 11/1. (303)	11 0000	