



MARION COUNTY RETIREMENT PROGRAM
EZ ENROLLMENT/PARTICIPATION AGREEMENT

664174 - Marion County 457(b)

PARTICIPANT INFORMATION

Name (Last, First, MI), Social Security #, Address (Number, Street, Apt#, City, State, ZIP), Date of Birth, Employee ID#, Phone (Daytime, Evening), Date Employed/Rehired, Department, E-mail Address, Rehired? Check if yes, Gender Male/Female

DEFERRAL ELECTION

Deferred Compensation amounts shall be withheld and deposited PER PAY PERIOD as follows:

Employee Pre-Tax Deferral Amount \$ FLAT AMOUNT PER PAY PERIOD or % OF BASE SALARY PER PAY PERIOD
Minimum \$325.00 per year, \$13.65 per pay period min.

Employee (Post-Tax) Roth Deferral Amount \$ FLAT AMOUNT PER PAY PERIOD or % OF BASE SALARY PER PAY PERIOD
Minimum \$325.00 per year, \$13.65 per pay period min.

*If the amount deferred is based on percent of base salary, the amount will change when your base salary changes.

Effective Date: This agreement will be effective the first available pay date of the month following the month this completed form is received by Voya Financial. The cut off date for forms is the last business day of the month.

BENEFICIARY DESIGNATION

I designate the following beneficiary or beneficiaries in accordance with the Plan. The total percentage for primary beneficiary must total 100%. The total percentage for contingent beneficiary, if applicable, must total 100%.

Table with 7 columns: Complete Legal Name, Address and Phone #, Relationship, SSN, Date of Birth, Primary, Contingent, %

EMPLOYEE ELECTION TO UTILIZE EZ ENROLLMENT

I have received a packet of information outlining the Deferred Compensation Plan, as well as an enrollment kit which includes information about the contract and investment options. I understand I am electing to utilize the Marion County EZ Enrollment / Participation process...

Table with 3 columns: Your Date of Birth, Fund #, Fund Name

I certify that the information on this form is true, complete and accurate.

RETURN COMPLETED FORM TO:

Voya Financial 5331 SW Macadam Avenue Suite 207 Portland, OR 97239 FAX: (503) 241-6060

Employee's Signature Date