

Marion County

457 Employee Savings Plan

Participation Agreement Form – FINAL PAYCHECK ONLY

Please Print

Name: _____ Employee # _____

Home Address: _____

Age: _____ Day-time Phone #: _____

1. PARTICIPATION. I wish to participate in the Marion County 457 Plan and agree to defer compensation as indicated below.

I understand that this form must be received by Marion County Employee Benefits **at least 2 weeks before my last day of work.**

2. DEFERRAL ELECTION FOR FINAL PAYCHECK DATED (MM/DD/YYYY): _____(last day worked)

I elect to defer (dollars & cents) \$ _____ , _____ . _____ of my eligible wage on my final paycheck to my Voya Financial 457 account.

NOTE: The IRS maximum calendar year limits still apply.

3. ACKNOWLEDGEMENT FORM. By entering into this Participation Agreement, I acknowledge the items on the Acknowledgement Form have been explained to me and that I fully understand them.

I reserve the right to change or revoke this Participation Agreement, as permitted under the Plan, **and if administratively possible.** In the event more than one Participation Agreement is executed by me, the latest in time shall govern.

My Deferrals will terminate automatically upon separation of employment.

Pre-tax Deferrals are subject to Social Security and Medicare Tax.

Participant Signature

Date

Marion County Employee Benefits Staff Signature

Date

Return To: Marion County Employee Benefits in a confidential interoffice envelope or scan to your county Groupwise email and send to MCEmployeeBenefits.