401 PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature in the *401 Enrollment Kit* to ensure you understand the plan's provisions.

After 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 by calling Investor Services at 800-669-7400. To change your name, marital status, or beneficiary designation, please use the *Employee Information Change Form*. You can download this form by accessing our Web site at www.icmarc.org/forms.

Once your enrollment is complete, you will receive a Welcome Letter from ICMA-RC confirming your account information. In addition, you will receive quarterly statements for your account. Please review these items carefully and notify ICMA-RC immediately of any errors.

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.

1. PARTICIPANT INFORMATION – Please complete this section carefully. The information will be used to establish your account. If you do not know the employer plan number, it is available from your employer or ICMA-RC's Investor Services at 800-669-7400.

Rehired – If you are being rehired, please have your employer complete the information in the employer-designated box. Employers may attach the information with the specific dates if you have been rehired multiple times.

2. AMOUNT OF CONTRIBUTIONS – Use this section to indicate the percentage and/or dollar amounts you will contribute to the plan. Prior to making an election, please check with your employer or ICMA-RC's Investor Services at 800-669-7400 to confirm the contribution options available to your plan.

PLEASE NOTE: Mandatory deferral elections are irrevocable once made, and may not be discontinued or changed until you terminate employment or cease to be eligible to participate in the plan.

401(k) Plans Only – Indicate the dollar amount or percentage you wish to contribute to the plan through pre-tax and/or Roth deferrals. These amounts can be changed as often as permitted by your employer's plan.

3. 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). Provide allocation instructions for both employer contributions and employee contributions.

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 percent, or the allocation is 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 *401 Enrollment Kit* for more information.

> PLEASE NOTE: The allocation instructions you provide will affect payroll contributions only. To specify the allocation for any **rollover contributions** from another eligible retirement plan, please complete a *Direct Rollover/Transfer to ICMA-RC Form* and follow the instructions on the form to establish your rollover allocation. In the absence of rollover allocation instructions, incoming rollover assets will be invested in the default investment selected by your employer.

ICMA-RC Services, LLC, the wholly owned broker-dealer subsidiary of ICMA-RC, is a member of the Securities Investor Protection Corporation (SIPC). SIPC is an agency that insures certain investors against losses due to the financial failure of brokerage firms. For more information regarding SIPC, including the SIPC brochure, please visit the SIPC Web site at www.sipc.org or call 202-371-8300.

4 & 5. AUTHORIZED SIGNATURES – Once you have completed this form, sign it and submit both pages to your employer for approval. Your employer should retain a copy of the form for their records.

Note that by signing this form you acknowledge that you agree to the following disclosure:

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. If allowed by my employer and 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 Internet and telephone transfer feature.

Welcome to ICMA-RC!

ICMA-RC
Building Retirement Security

401

401 PLAN EMPLOYEE ENROLLMENT FORM - PAGE 1 OF 2

- Use this form to open an account with ICMA-RC. **Please submit pages 1 and 2 of this form to your employer.**
- Read the instructions on the back carefully before completing this form. Please print legibly in blue or black ink.
- **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

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

Employer Plan Number 10 ____ **Employer Plan Name** ____ **State** ____

Social Security Number (for tax-reporting purposes) ____ - ____ - ____ **Date of Birth** ____ / ____ / ____ (Month Day Year) **Date Employed/Rehired+** ____ / ____ / ____ (Month Day Year)

Full Name of Participant

Last ____ First ____ M.I. ____

Mailing Address/Street ____

City ____ **State** ____ **Zip Code** ____

Job Title: ____ **Email Address:** ____

Daytime Phone Number ____ / ____ / ____ (Area Code) **Evening Phone Number** ____ / ____ / ____ (Area Code)

Gender ☐ M ☐ F **Marital Status** ☐ Married ☐ Single

+EMPLOYER USE ONLY: Complete this portion if the participant is rehired.

Rehire? ☐ Check if yes Date of Initial Employment ____ / ____ / ____

Date of Termination ____ / ____ / ____ Vesting Percentage ____% Previous Months of Service ____

2 Amount of Contributions

I authorize my employer to deduct (check all that apply):

☐ ***Mandatory pre-tax**** deferrals of ____% or $____ from my pay each pay period.

☐ ***Mandatory after-tax**** deferrals of ____% or $____ from my pay each pay period.

*Mandatory deferral elections, if available, are irrevocable once made. Read Section 2 of the form instructions for more information.

☐ ***Voluntary after-tax***** deferrals of ____% or $____ from my pay each pay period.

NOTE: The following additional options are **available to 401(k) plans only**:

☐ ***Elective pre-tax*** deferrals of ____% or $____ from my pay each pay period.

☐ ***Roth***** deferrals of ____% or $____ from my pay each pay period.

**NOT available to all plans. Check with your employer or ICMA-RC for availability.

For employer use: The employer will contribute ____% or $____. The employee will contribute ____% or $____.

3 Allocation of Contributions

Read Section 3 of the form instructions for information on rollover 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 *Investment Options Sheet*. Read Section 3 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 only.

EMPLOYER CONTRIBUTIONS				EMPLOYEE CONTRIBUTIONS			
Code	Percent	Code	Percent	Code	Percent	Code	Percent
			TOTAL = 100%				TOTAL = 100%

4 Participant Signature

I acknowledge that I have read and agreed to the disclosure in the form instructions (see 4 & 5).

____ **Participant Signature** ____ / ____ / ____ (Month Day Year)

5 Employer's Authorization

____ **Authorized Employer Official's Signature** ____ / ____ / ____ (Month Day Year)

ICMA-RC • Attn: Workflow Management Team • P.O. Box 96220 • Washington, DC 20090-6220 • Toll Free 800-669-7400 • En Español 800-669-8216 • www.icmarc.org • Fax 202-682-6439

1st Copy - ICMA-RC Copy 2nd Copy - Employer Copy

401 PLAN EMPLOYEE ENROLLMENT FORM - PAGE 2 OF 2 (BENEFICIARY DESIGNATION)

401

ICMA-RC *Building Retirement Security*

Employer Plan Number 10 ___ ___ ___ ___

Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Name (Please Print) _____

- Use this form to designate your beneficiary(ies) at enrollment. **Please submit pages 1 and 2 of this form to your employer.**
- Read the instructions on the back before completing this form. **Please print legibly in blue or black ink.**

I am ☐ **Married** ☐ **Single**

Most 401 plans require that if you are married, your spouse is the primary beneficiary for 100 percent of the account unless your spouse waives this right. If you are married and you do not designate your spouse as your primary beneficiary for 100 percent of the account, your spouse must sign the Spousal Consent portion of this form in the presence of a plan representative or a notary public. Please read the form instructions for additional information.

1. BENEFICIARY DESIGNATION

Please use whole percentages and be sure the percentages total 100% when designating primary and contingent beneficiaries.

Primary Beneficiary(ies):

Name	Date of Birth	Relationship to You*	Social Security Number (for tax-reporting purposes)	% of Benefit
	___/___/___		___ - ___ - ___	
	___/___/___		___ - ___ - ___	
	___/___/___		___ - ___ - ___	
				Total: 100%

Contingent Beneficiary(ies):

Name	Date of Birth	Relationship to You*	Social Security Number (for tax-reporting purposes)	% of Benefit
	___/___/___		___ - ___ - ___	
	___/___/___		___ - ___ - ___	
	___/___/___		___ - ___ - ___	
				Total: 100%

*** The beneficiary relationship options are spouse, non-spouse, trust, and charity.**

2. SPOUSAL CONSENT

Spousal Consent to Name a Non-Spousal Primary Beneficiary(ies):

By signing below, I hereby voluntarily consent to the beneficiary designation made by my spouse and waive my designation as sole primary beneficiary. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) each beneficiary designation is not valid unless I consent to it; and (3) my consent (signature) must be witnessed by either my spouse's plan representative or a notary public. **Please note that if you live in a community property state, the spousal consent must be witnessed by a notary public.**

_____ **Signature of Participant's Spouse**

___ ___/___ ___/___ ___ ___ ___ Month Day Year

_____ **Print Name of Participant's Spouse**

SPOUSAL CONSENT IS REQUIRED TO BE WITNESSED BY:

OR

Employer's Plan Representative

Signature of Spouse witnessed this _____ day

of _____ (month), 20_____

_____ Employer Representative's Signature

_____ Print Name of Employer Representative

Notary Public

Subscribed and sworn before me this _____ day

of _____ (month), 20_____

_____ Notary Public's Signature

Notary Public SEAL _____

My commission expires _____

3. PARTICIPANT AUTHORIZATION

I acknowledge that I have read the beneficiary designation instructions for the *401 Plan Employee Enrollment Form.*

_____ **Participant Signature**

___ ___/___ ___/___ ___ ___ ___ Month Day Year

401 PLAN EMPLOYEE ENROLLMENT FORM - BENEFICIARY DESIGNATION INSTRUCTIONS

1. BENEFICIARY DESIGNATION – Print the name, date of birth, relationship to you, Social Security number, and percentage to be received for each of your beneficiaries. **The beneficiary relationship options are spouse, non-spouse, trust, and charity**. If this form is not signed, the beneficiary designation will not be valid. If a valid form is not on file at the time of your death, benefits will be paid as outlined in your employer's plan document.

Beneficiary percentages are invalid if your request omits percentages, includes percentages that do not equal 100 percent, or is expressed with fractions (e.g., 33 1/3 percent).

For future updates to your beneficiary information, please use the *Employee Information Change Form*. You can download this form by accessing our Web site at www.icmarc.org/forms. Please note that beneficiary information cannot be updated over the telephone.

The IRS has certain rules governing the distribution of funds to beneficiaries. These rules are outlined in your employer's plan document and in ICMA-RC's Participant and Beneficiary Withdrawal Packets.

More than three beneficiaries – You are not limited to three primary and three contingent beneficiaries. To designate additional beneficiaries, (1) write "see attached sheet" on the primary and/or contingent beneficiary line(s) under "Name" and (2) attach and sign a separate piece of paper with your name, plan number, Social Security number, and additional beneficiary information.

Note: If a Social Security number is not provided for your beneficiary(ies) and ICMA-RC cannot locate the named beneficiary(ies), the account balance will be paid as outlined in your employer's plan document (normally, to your estate).

Single Participants – Your beneficiary designation tells us who should receive the accumulated value of your account if you die before full distribution of your account. If no primary beneficiary(ies) lives longer than you, the benefits will be paid to your contingent beneficiary(ies). If none of your primary or contingent beneficiaries are living at the time of your death, the proceeds will be paid as outlined in your employer's plan document.

Married Participants – Most 401 plans require your spouse to be the primary beneficiary for 100 percent of the account unless your spouse waives this right. If you choose to designate a primary beneficiary(ies) other than your spouse, your spouse must consent to this waiver by completing Section 2. If no primary beneficiary(ies) lives longer than you, the benefits will be paid to your contingent beneficiary(ies). If none of your primary or contingent beneficiaries are living at the time of your death, the proceeds will be paid as outlined in your employer's plan document.

If you live in a **community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI),** you must generally name your spouse as beneficiary unless your spouse waives this right. The Spousal Consent portion of the form can be used to provide your spouse's consent to the waiver; however, the spousal consent must be witnessed by a notary public can be used to provide your spouse's consent to the waiver; however, the spousal consent must be witnessed by a notary public. 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 intended beneficiary(ies).

Some 401 plans may allow you to designate any person(s) as primary beneficiary(ies) without spousal consent. If this is the case, community property state requirements still apply if you reside in such a state. If you are unsure which provision applies to you, check with your employer or ICMA-RC's Investor Services at 800-669-7400.

2. SPOUSAL CONSENT – Your spouse's signature must be witnessed by either your employer's plan representative or a notary public. **Please note that if you live in a community property state, the form must be witnessed by a notary public.**

This section does not need to be completed if you are single or your spouse is your primary beneficiary who will receive 100 percent of your account balance.

3. PARTICIPANT AUTHORIZATION – Once you have completed this form, sign it and submit both pages to your employer. Your employer should retain a copy of the form for their records. If this form is faxed (202-682-6439) to ICMA-RC, **please do not mail the original.**