



# 457 Deferred Compensation Plan Employee Enrollment Form — Page 1

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## 1. REQUIRED PERSONAL INFORMATION

Employer Plan Number: 303011

Employer Plan Name: CITY OF RIVERTON WY

Social Security Number (for tax-reporting purposes): \_\_\_\_\_

Full Name of Participant: \_\_\_\_\_  
Last First M.I.

Mailing Address/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Date Employed/Rehired: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  Rehire? check if Yes

Provide your email to be enrolled in e-Delivery automatically. You will receive email notification when your quarterly statements and transaction confirmations are available online. You may opt out by checking the box below. Email Address (required for e-Delivery): \_\_\_\_\_  No, I do not wish e-Delivery at this time.

Job Title: \_\_\_\_\_

Preferred Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Area Code Gender:  Male  Female Marital Status:  Married  Single

## 2. CONTRIBUTION AMOUNT

Specify a percentage or dollar amount for pre-tax and/or Roth contributions. If you sign this form prior to your first day of work, contributions will begin as soon as administratively possible. Otherwise, contributions will begin as soon as administratively possible following the month in which this form is signed.

Pre-tax contributions of \_\_\_\_\_% or \$ \_\_\_\_\_ from my pay each pay period.

If you are taking advantage of the catch-up contribution provision available to 457 deferred compensation plan participants, please check the applicable box here:

"Age 50" catch-up provision

## 3. BENEFICIARY DESIGNATION

- Update and designate additional beneficiaries at any time via Account Access at [www.icmarc.org](http://www.icmarc.org).
- Failure to indicate any percentage or failure to use whole percentages (e.g., enter 33%, not 33.33% or 33 1/3%) that total 100% for your "Primary" beneficiary(ies) and 100% for your "Contingent" beneficiary(ies) may invalidate your beneficiary designation.
- Check one "Beneficiary Type" and one "Relationship" for each beneficiary. Failure to do so may result in your designation being invalid.
- Married Participants - Some 401 plans require that you obtain consent from your spouse if you do not designate him/her as the primary beneficiary for 100% of your account. If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must obtain consent from your spouse to designate a nonspouse beneficiary for greater than 50% of the account. Use the Beneficiary Designation Form, available online at [www.icmarc.org/forms](http://www.icmarc.org/forms), if spousal consent is required.**

Beneficiary Type:  Primary Relationship (Check One):  Spouse  Non-Spouse  Trust\*  Charity

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ % of Benefit \_\_\_\_\_  
(whole % only)

Beneficiary Type (Check One):  Primary  Contingent Relationship (Check One):  Spouse  Non-Spouse  Trust\*  Charity

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ % of Benefit \_\_\_\_\_  
(whole % only)

Beneficiary Type (Check One):  Primary  Contingent Relationship (Check One):  Spouse  Non-Spouse  Trust\*  Charity

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ % of Benefit \_\_\_\_\_  
(whole % only)



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Employer Plan Number 303011 Social Security Number \_\_\_\_\_ Name (please print) \_\_\_\_\_

Beneficiary Type (Check One):  Primary  Contingent Relationship (Check One):  Spouse  Non-Spouse  Trust\*  Charity

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ % of Benefit (whole % only)

\* Trust Beneficiaries - You must submit a copy of your entire trust document with the enrollment form if you desire the beneficiaries of the trust to be treated as designated beneficiaries for the purpose of determining required minimum distributions. Designate additional beneficiaries online after your account is established, or write "see attached sheet" and attach and sign a separate piece of paper with your name, plan number, Social Security number, and the additional beneficiary information.

### 4. INVESTMENT SELECTION

Choose only one of the investment selections. Your selection will determine how contributions to your account will be invested. 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 Enrollment Kit for more information. Note: The allocation instructions you provide will apply to payroll contributions only.

Simplify and diversify with one fund- Please refer to the Investment Options Sheet for a list of funds and codes.

- Milestone Fund. You will be invested in the Milestone Fund, also known as a "Target Date" fund, which most closely matches the year in which you will reach your plan's default retirement age. For most plans this is age 60. The Milestone Fund is a diversified fund designed for investors who expect to retire and/or begin withdrawals around a target year. Note that you may change this investment at any time.
 Model Portfolio Fund. Fund Code \_\_\_\_\_ = 100%

OR

Build your own investment portfolio
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.
Note: Please use whole percentages only.

INVESTMENT ALLOCATION table with columns: Code, Percent, Code, Percent. Includes TOTAL = 100% at the bottom right.

OR

#### Ask ICMA-RC to invest and manage your account for you

Managed Accounts - By electing this option, you agree to have your account professionally managed by ICMA-RC. If you elect this option, do not complete Option #2.
Annual Salary: \$ \_\_\_\_\_ Desired Retirement Age: \_\_\_\_\_ Your Annual Desired Retirement Income: \$ \_\_\_\_\_ or \_\_\_\_\_ % (100% of current after-tax salary is recommended)
Additional Employer Annual Contribution (if applicable) \_\_\_\_\_ % or \$ \_\_\_\_\_
Will you receive Social Security Retirement Benefits?  Yes  No Annual Social Security Retirement Benefit \$ \_\_\_\_\_ (Please see instructions for further details)
Number of Dependents \_\_\_\_\_
Will you receive Pension payments outside of Social Security or your 457 or 401 Plan retirement accounts?  Yes  No. If you select "Yes" please complete A, B and C below:
(A) Age at which Pension Begins \_\_\_\_\_ (B) Annual Pension Benefit Amount (choose only one) Option A: \$ \_\_\_\_\_ (In today's dollars) you expect to receive in retirement
Or
Option B: \_\_\_\_\_ % of your salary you expect to receive in retirement
(C) Is your Pension subject to a cost of living adjustment (COLA) in retirement?  Yes  No



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Employer Plan Number  
303011

Social Security Number  
\_\_\_\_\_

Name (please print)  
\_\_\_\_\_

## 5. AUTHORIZED SIGNATURES

Submit this form to your employer promptly to avoid investment delay. If this form is faxed to ICMA-RC please do not mail the original.

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

You hereby verify that by signing this Enrollment Form you have read and understand: 1) ICMA-RC Guided Pathways® Fund Advice and Managed Accounts Investment Advisory Agreement, dated September 2015 (the "Investment Advisory Agreement"), including the information on Managed Accounts advisory fees and 2) Part 2A of ICMA-RC's Form ADV for Guided Pathways® and Retirement Readiness Reports Advisory Services.

By signing this Enrollment Form, you also certify that you agree to all the terms and conditions set forth on the enclosed Investment Advisory Agreement and that you are also executing the Investment Advisory Agreement as of the date you sign this Enrollment Form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Employee ID \_\_\_\_\_  
For Employer Use Only

\_\_\_\_\_  
Authorized Employer Official's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year



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Employer Plan Number  
303011

Social Security Number

Name (please print)

## Additional Managed Accounts Information

Only complete and return this page if you selected Managed Accounts (Option 1) in the "Allocation of Contributions" section on Page this form, and wish to further personalize your enrollment in Managed Accounts.

### 6. RETIREMENT INFORMATION

ONLY COMPLETE THIS SECTION IF YOU ARE WITHIN 10 YEARS OF YOUR DESIRED RETIREMENT AGE AND THE VT RETIREMENT INCOME ADVANTAGE FUND IS AN AVAILABLE INVESTMENT OPTION IN YOUR RETIREMENT PLAN

A. To what extent is this retirement account intended to be a source of ongoing income during your retirement years?

- Extremely likely - Nearly 100% chance    Likely - 75% chance (default)    Not likely - Less than 50% chance

B. Once you have reached age 65, on average you should expect to live an additional 20 to 25 years. Given your own health status and family history do you feel you will live?

- Shorter than average    Near average (default)    Longer than average

C. Request Amount \$ \_\_\_\_\_

### 7. YOUR SPOUSE OR PARTNER INFORMATION

Please read the instructions on the back for important information about including Spouse or Partner information.

Spouse or Partner Name

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Male    Female   Desired Retirement Age: \_\_\_\_\_

Your Spouse's or Partner's Annual Desired Retirement Income: \$ \_\_\_\_\_ or \_\_\_\_\_ %  
*(100% of current after-tax salary is recommended)*

Will your Spouse or Partner receive Social Security Retirement Benefits?  Yes  No  
Annual Social Security Retirement Benefit \$ \_\_\_\_\_ (Please see instructions for further details)

#### Spouse or Partner's Pension

(A) Age at which Pension Begins \_\_\_\_\_

(B) Annual Pension Benefit Amount (choose only one): **Option #1:** \$ \_\_\_\_\_ *(In today's dollars) your spouse/partner expects to receive in retirement* **OR**

**Option #2:** \_\_\_\_\_ % of your spouse/partner's salary he/she expects to receive in retirement

(C) Is this Pension subject to a cost of living adjustment (COLA) in retirement?  Yes  No

### 8. OUTSIDE ACCOUNT INFORMATION

**Outside Account 1:** Account Owner  You or  Your Spouse/Partner

Account Type (Check only one)  401(k)    401(a)    403(b)    457    Traditional IRA    Roth IRA    Taxable Savings    Taxable Brokerage

Account Name \_\_\_\_\_

Total Account Balance \$ \_\_\_\_\_   You or your Spouse/Partner Annual Contribution \$ \_\_\_\_\_   Employer Annual Contribution \* \$ \_\_\_\_\_ \* If applicable

#### Asset Allocation Details

US Stocks _____ %	Bonds _____ %
International Stocks _____ %	Cash _____ %
<b>Total = 100%</b>	

**Outside Account 2:** Account Owner  You or  Your Spouse/Partner

Account Type (Check only one)  401(k)    401(a)    403(b)    457    Traditional IRA    Roth IRA    Taxable Savings    Taxable Brokerage

Account Name \_\_\_\_\_

Total Account Balance \$ \_\_\_\_\_   You or your Spouse/Partner Annual Contribution \$ \_\_\_\_\_   Employer Annual Contribution \* \$ \_\_\_\_\_ \* If applicable

#### Asset Allocation Details

US Stocks _____ %	Bonds _____ %
International Stocks _____ %	Cash _____ %
<b>Total = 100%</b>	

### 9. SIGNATURE

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_