



Quick Enrollment
Governmental 457(b) Plan

City of Stockton, Deferred Compensation Plan and Trust - a 457 Plan City of Stockton

772929-01

Participant Information

Yes! I would like to enroll in the City of Stockton, Deferred Compensation Plan and Trust - a 457 Plan City of Stockton and voluntarily contribute:

Input field for percentage per pay period of my eligible compensation on a before-tax basis.

Form fields for Last Name, First Name, MI, Address, City, State, Zip Code, Home Phone, and Work Phone.

Form fields for Social Security Number, E-Mail Address, Marital Status (Married/Unmarried), Gender (Female/Male), Date of Birth, and Date of Hire.

Investment Option: I understand that this form is my election to enroll in the Plan. By signing this form, my contributions will be allocated to the Plan's default investment fund without additional action by me.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents.

My Account: I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days from the last calendar quarter.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form with the Service Provider.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code.

Participant Signature and Date fields.

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant send to Plan Administrator:

As Plan Administrator, I authorize the enrollment of the above-named participant and the payroll deduction as indicated on this form. I understand that QDIA protection may not be available to the Plan Sponsor if the QDIA conditions have not been satisfied.

Plan Administrator Signature and Date fields.

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name



## DEFERRED COMPENSATION PAYROLL CONTRIBUTION CHANGE FORM

As a participating employee in the Deferred Compensation plan, who has executed a City of Stockton Participation Agreement, I hereby cancel the prior payroll contribution authorization and designate the new pre-tax payroll contribution, per payday, as stated below:

### Employee Contribution to the 457b Plan:

Please indicate contribution amount PER PAYDAY: \$ \_\_\_\_\_ OR % \_\_\_\_\_

Effective Payday: \_\_\_\_\_

[ ] It is my intent, based on IRS. regulations, to have the maximum allowable contributions into my City of Stockton Deferred Compensation Plan. I understand that my annual contributions are not to exceed the IRS maximum limits set each year.

[ ] Date of Birth \_\_\_\_\_ (Required for Special Catch-Up contributions only)

[ ] Catch-Up- Effective Years \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Please PRINT Name Clearly

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

Personal E-mail for account: \_\_\_\_\_

*Please return to Human Resources for processing.*

### Employer Use Only:

Choose One:  Start  Change  Stop Max \$ \_\_\_\_\_ Effective Payday: \_\_\_\_\_

Choose One ABT Code:  HA  HC  EP  EC Date Sent to Payroll: \_\_\_\_\_

Date Entered into HTE: \_\_\_\_\_ By: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_