Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.

County of San Bernardino Defined Contribution Plans

INVEST IN YOUR FUTURE

COUNTY OF SAN BERNARDINO
457(b) DEFERRED COMPENSATION PLAN
PARTICIPATION AGREEMENT AMENDMENT

PLAN NUMBER: 666785

Use this form for changes only. For first time enrollment into the Plan contact ING at (909) 748-6468. Circle the appropriate transaction below.

CHANGE IN DEFERRAL AMT **50+ CONTRIBUTION** **CHANGE OF ADDRESS** **NAME CHANGE**

PARTICIPANT INFORMATION

Name _____ **Deferral Amount ($ or %)** _____
(Last) (First) (Middle) (per pay period – min. $10)

Former Name _____ **50+ Contrib. Amt. $** _____
(Last) (First) (Middle) (per pay period)

Address _____ **Starting Pay Period** _____
(Number & Street)

_____
(City) (State) (Zip Code)

Date of Birth ____/____/____ **Dept** _____ **Employee #** _____

EMPLOYEE AGREEMENT TO PARTICIPATE IN THE COUNTY OF SAN BERNARDINO 457(b) DEFERRED COMPENSATION PLAN

The County of San Bernardino (the 'employer') has established a Section 457(b) Deferred Compensation Plan (the 'Plan') for the benefit of its employees. The Plan provides that eligible employees may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a participation agreement with the employer.

The employer and employee agree to the following:

1. Employee has received a packet of information outlining the terms of the Plan.
2. Employer will provide employee with a current copy of the Plan document upon request.
3. Employee elects to participate in the Plan and agrees to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code. The maximum amount that may be deferred under the Plan for the current year is the lesser of 100% of compensation or the applicable IRS annual dollar limit, unless the employee is eligible to use one of the catch-up contribution options. Minimum deferral is $10 per bi-weekly pay period.
4. Employee agrees that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan.

This agreement will be effective the first full payroll period of the month following the date this form is received and processed by the Employee Benefits and Services Division or the starting pay period indicated above, if later.

TO TRANSFER/CHANGE INVESTMENTS OR DESIGNATE A BENEFICIARY
CALL 1-800-584-6001 OR VISIT www.ingretirementplans.com/custom/sanbern

CATCH-UP CONTRIBUTION

(If qualified, please check the appropriate option below. Only one option may be selected at any point in time.)

☐ **457(b) 3-YEAR CATCH-UP PROVISION** – This option is available only during the three consecutive years prior to, but not including, the year the employee attains Normal Retirement Age under the Plan. Completion of a separate 3-year catch-up form is required before contributions shall commence under this provision.

☐ **AGE 50+ CONTRIBUTION PROVISION** - This option is available to employees who will attain age 50 and over by the end of the Plan year. This provision permits additional contributions within certain IRS limitations.

An employee cannot use both the 457(b) 3-Year Catch-Up provision and the Age 50+ Contribution Provision during the same year. The employee should choose the option most beneficial to him or her.

SIGNATURE OF EMPLOYEE **DATE** **WORK PHONE** **HOME PHONE**

RETURN COMPLETED FORM TO:
Interoffice to EBSD-0440

EMPLOYEE BENEFITS AUTHORIZATION **DATE**