



**COUNTY OF SAN BERNARDINO**  
**457(b) DEFERRED COMPENSATION PLAN**  
**EZ ENROLLMENT / PARTICIPATION AGREEMENT**  
 Fax: 909-792-7976 **PLAN NUMBER: 666785**

**PARTICIPANT INFORMATION**

**Name** \_\_\_\_\_ **Pre-Tax Deferral Amount (\$ or %)** \_\_\_\_\_  
 (Last) (First) (Middle) (per pay period - min. \$10 total contribution)

**Roth Deferral Amount (\$ or %)** \_\_\_\_\_  
 (per pay period - min. \$10 total contribution)

**Address** \_\_\_\_\_  
 (Number & Street) (City) (State) (ZIP Code)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Dept \_\_\_\_\_ Employee # \_\_\_\_\_

Gender  Male  Female Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

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

The employer and employee agree to the following:

1. Employee has received information outlining the terms of the Plan.
2. The maximum amount that may be deferred under the Plan for the current year is generally the lesser of 100% of compensation or the applicable IRS annual dollar limit. Minimum deferral is \$10 total per bi-weekly pay period.
3. Employee understands he or she is electing to utilize the San Bernardino County EZ Enrollment / Participation process and will have his or her contributions invested in the default fund identified below, which has been designated by the Employer. The Employee can change his or her investment allocation at any time by following the instructions provided below.

<u>Your Date of Birth</u>	<u>Fund #</u>	<u>Fund Name</u>
12/31/1952 and earlier	795	Vanguard® Target Retirement Income Fund – Investor Shares
01/01/1953 through 12/31/1957	1296	Vanguard® Target Retirement 2020 Fund – Investor Shares
01/01/1958 through 12/31/1962	923	Vanguard® Target Retirement 2025 Fund – Investor Shares
01/01/1963 through 12/31/1967	1297	Vanguard® Target Retirement 2030 Fund – Investor Shares
01/01/1968 through 12/31/1972	793	Vanguard® Target Retirement 2035 Fund – Investor Shares
01/01/1973 through 12/31/1977	1298	Vanguard® Target Retirement 2040 Fund – Investor Shares
01/01/1978 through 12/31/1982	794	Vanguard® Target Retirement 2045 Fund – Investor Shares
01/01/1983 through 12/31/1987	1299	Vanguard® Target Retirement 2050 Fund – Investor Shares
01/01/1988 through 12/31/1992	2473	Vanguard® Target Retirement 2055 Fund – Investor Shares
01/01/1993 through 12/31/1997	3447	Vanguard® Target Retirement 2060 Fund – Investor Shares
01/01/1998 and later	8985	Vanguard® Target Retirement 2065 Fund – Investor Shares

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.

**BENEFICIARY DESIGNATION**

I designate the following beneficiary or beneficiaries in accordance with the 457(b) Deferred Compensation Plan. Percentages must total 100%. If your spouse is not designated as your sole primary beneficiary, your spouse must consent to your designation by completing a spousal consent form.

<u>Complete Legal Name, Address and Phone #</u>	<u>Relationship</u>	<u>SSN</u>	<u>Date of Birth</u>	<u>Primary</u>	<u>Contingent</u>	<u>%</u>
				<input checked="" type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

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

**EMPLOYEE BENEFITS AUTHORIZATION** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Fax, E-mail or Mail form to:** San Bernardino County  
 HR – Employee Benefits and Services, 175 W. 5<sup>th</sup> Street, First Floor  
 San Bernardino, CA 92415-0440  
 Fax: 909-387-5566, E-mail: SalarySavings@hr.sbcounty.gov, Interoffice: EBSD-0440

**TO TRANSFER/CHANGE INVESTMENTS**  
**CALL 1-800-584-6001 OR VISIT <http://cosb.beready2retire.com>**