



457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM - PAGE 1 OF 2



1. REQUIRED INFORMATION (Please read the instructions on the back then complete this form to open a 457 Plan account with ICMA-RC.)

Employer Plan Number: **302391** Employer Plan Name: **City of Milpitas**

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

Job Title: _____

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

2. 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 <small>(spouse, non-spouse, trust, or charity)</small>	Social Security Number <small>(for tax-reporting purposes)</small>	% of Benefit <small>(must total 100%)</small>
_____	_____	____/____/____	_____	____ - ____ - ____	_____
_____	_____	____/____/____	_____	____ - ____ - ____	_____
Contingent Beneficiary(ies) (if any):					
_____	_____	____/____/____	_____	____ - ____ - ____	_____
_____	_____	____/____/____	_____	____ - ____ - ____	_____

3. CONTRIBUTION AMOUNT

Specify the total percentage and/or dollar amounts you wish to contribute each pay period. Contributions will begin as soon as administratively possible following the month in which this form is signed.

Pre-tax deferrals of _____% or \$_____ from my pay each pay period.

For employer use: The employer will contribute _____% or \$_____.

4. ALLOCATION OF CONTRIBUTIONS (Select only one of the following two options)

OPTION #1 - 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: _____ Annual Desired Retirement Income _____% of current after-tax salary (100% is recommended)

Your Annual Pre-Tax Contribution _____% or \$_____ Your Annual Roth Contribution _____% or \$_____

Additional Employer Annual Contribution (if applicable) _____% or \$_____

Will you receive Social Security Retirement Benefits? Yes No 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

DO NOT COMPLETE THIS SECTION IF YOU ELECTED OPTION 1 (MANAGED ACCOUNTS) ABOVE.

OPTION #2 - 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 4 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.**

ALLOCATION			
Code	Percent	Code	Percent
			TOTAL = 100%

5. AUTHORIZED SIGNATURES

I acknowledge that I have read and agree to the disclosure on the back of this form. (See Instruction 5.)

Participant Signature _____ Date _____ Employee ID _____
(for Employer Use Only)

Authorized Employer Official's Signature _____ Date _____



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Employer Plan Number
302391

Social Security Number

Full Name of Participant (Please Print)

Supplemental Managed Accounts Information

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

6. 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

Current Annual Salary

Desired Retirement Age: ___ \$ _____

Your Spouse or Partner's Annual Desired Retirement Income _____% of current after-tax salary (100% is recommended)

Will your Spouse or Partner receive Social Security Retirement Benefits? Yes No

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

7. 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 _____%
Total = 100% If no information is provided or the asset allocation does not total 100%, the asset allocation will be 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks, and 40% Bonds.

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 _____%
Total = 100% If no information is provided or the asset allocation does not total 100%, the asset allocation will be 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks, and 40% Bonds.

8. SIGNATURE

Participant Signature _____

Date _____



457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature in the 457 Enrollment Kit to ensure you understand the plan's provisions.

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.

2. 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 (normally, to your estate).

Beneficiary percentages are invalid if your request omits percentages, included percentages that do not equal 100%, or is expressed with fractions (e.g., 33¹/3%).

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.

If none of your primary beneficiaries are living upon your death, your assets will be distributed to your estate unless you have a designated contingent beneficiary.

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).

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES – If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must generally name your spouse as your beneficiary unless your spouse waives this right. 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). If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the *Community Property Spousal Waiver Form*. Contact 800-669-7400 for more information and to request the waiver form.

3. CONTRIBUTION AMOUNT – Use this section to specify the percentage and/or dollar amounts you will contribute to the plan. You can change your contribution amount at any time. Your initial contribution election, and any future changes, will be effective as of the first pay period of the calendar month following the date you submit your enrollment (or change) form.

Roth Deferrals – If offered by your plan, you can designate a portion (or all) of your contributions as Roth, which are made on an after-tax basis. These contributions, and associated earnings, can later be withdrawn tax-free if the requirements for a qualified distribution are met.

4. ALLOCATION OF CONTRIBUTIONS - You may either elect Option 1 "Managed Accounts" and have ICMA-RC manage your account for you or Option 2 and select your own investments. Option 1 - You are charged an asset-based fee for the services provided under Managed Accounts. Please read the enclosed *ICMA-RC Guided Pathways® Fund Advice and Managed Accounts Investment Advisory Agreement* for additional information.

Option 1 – If all requested Managed Accounts information is not provided in Section 4, your assets may be allocated to the default investment selected by your employer until your Managed Accounts enrollment can be completed.

For Your Desired Retirement Age: Enter the year in which you would like to retire. If no age is provided, we will use age 65.

For Your Annual Desired Retirement Income: Enter the percentage of your current after-tax salary you wish to receive from all of your retirement income sources in retirement. If no percentage is provided, the Annual Desired Retirement Income will initially be calculated as 100% of your after-tax salary.

For Your Contributions: Please indicate your annual contribution to this plan either as a percentage of your current salary or as a dollar amount and whether they are Pre-Tax or Roth contributions. Please fill in employer contributions only if applicable and note that in most cases, 457 plans do not receive employer contributions.

For Social Security Retirement Benefits: Please indicate whether you expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

For Number of Dependents: You may include up to 10 dependents other than yourself (and your spouse if included) that you currently claim as an exemption on your tax return.

For Your Pension: Please indicate whether you expect to receive Pension payments outside of Social Security or your 457 or 401 Plan retirement accounts. If you select "No" or do not select either box, we will not include Pension information. If you select "Yes" please provide an annual Pension Benefit Amount estimate by selecting one of the two below options,

Option A – Enter the annual benefit amount you expect to receive in retirement in today's dollars, **OR**
Option B – Enter the percentage of your salary you expect to receive in retirement.

In addition, Select "Yes" to "Is your pension subject to a cost of living adjustment (COLA)?", if your annual pension benefit will increase after retirement.

If you wish to further personalize your Managed Accounts enrollment, please complete and return the attached Page 2 - Supplemental Managed Accounts Information. This information can also be provided at any time after your initial enrollment. Although this supplemental information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMA-RC provide you with a more personalized level of account management.

Option 2 – Your contributions can be invested in one or more funds available to your plan (your employer may place restrictions on investment in certain funds). Use whole percentages for your allocations (e.g., 50 percent, **not** 33¹/3 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 *457 Plan Enrollment Kit* for more information.

PLEASE NOTE: The allocation instructions you provide in Option 2 will affect payroll contributions only. To specify the allocation for any rollover contributions from another eligible retirement plan, please contact ICMA-RC for the appropriate transfer form that will provide instructions on establishing a rollover allocation. In the absence of rollover allocation instructions, incoming rollover assets will be invested in your payroll contribution allocation, or in the default investment selected by your employer if your contribution allocation is not established.

Participants residing in New York State will have their investment allocated according to their payroll contribution allocation, per New York State plan rules.

5. AUTHORIZED SIGNATURES – Please be sure to sign and date this section of the form. Return the completed form to your employer.

Please do not delay in submitting the completed enrollment form to your employer. If ICMA-RC receives a contribution to your account prior to your account being established, the contribution will be returned to your employer.

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.

By electing Option 1 "Managed Accounts" in Section 4, 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 March 2013 (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.

An authorizing signature does not represent an obligation to use the Internet and telephone transfer feature.

Welcome to ICMA-RC!



SUPPLEMENTAL MANAGED ACCOUNTS INFORMATION INSTRUCTIONS

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

Although this supplemental information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMARC provide you with a more personalized level of account management.

Your Spouse or Partner Information provided in Section 6: Including information on your Spouse’s or Partner’s salary will increase your household retirement income and retirement income goals, which has a direct impact on the advice you will receive. If you elect to include your spouse or partner, it is important that you provide information on his/her Social Security benefits, Pensions, and Outside Accounts.

Social Security Retirement Benefits: Please indicate whether your spouse or partner will expect to receive Social Security retirement benefits. If you select “Yes” or do not select either box, we will include an estimate of Social Security benefits.

Pension:

- *Annual Pension Benefit Amount*, please choose only one of the two below options:
Option #1 — Enter the annual benefit amount your spouse or partner expects to receive in retirement in today’s dollars.
OR
Option #2 — Enter the percentage of salary your spouse or partner expects to receive in retirement.
- Select “Yes” to “Is their pension subject to a cost of living adjustment (COLA)?”, if your spouse or partner’s annual pension benefit will increase after retirement.

Outside Accounts Information provided in Section 7:

- Annual Outside Account contributions will be considered as Pre-Tax for all account types except for Roth IRA, Taxable Savings, and Taxable Brokerage which will be considered Post-Tax.
- Please designate the asset allocation for the listed outside accounts. If no asset allocation is provided or if the asset allocation provided does not total 100%, the asset allocation will initially be designated as 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks, and 40% Bonds.
- To provide information on more than two outside accounts, (1) write “see attached sheet” in the section and (2) attach and sign a separate piece of paper with your name, plan number, Social Security Number, and additional outside account information.

Once you have completed this page, sign it and submit it to your employer along with Page 1 of the enrollment form.

A confirmation package will be mailed to you following receipt, in good order, of all necessary documentation. This package will confirm your personal and financial information and provide you with your wealth forecast and information on how ICMARC will be managing your account.

To update your information, including the asset allocation for your outside accounts, at any time after your Managed Accounts enrollment, go online to www.icmarc.org or call Investor Services at 800-669-7400 to request a *Guided Pathways® Managed Accounts Update Form*.

Please call our Guided Pathways Team at 800-669-7400 if you have any questions about Managed Accounts or completing this form.