



MULTNOMAH COUNTY OREGON DEFERRED COMPENSATION PLAN – PLAN# VFZ919 EZ ENROLLMENT / PARTICIPATION AGREEMENT

PARTICIPANT INFORMATION

Name _____
 (Last) (First) (Middle Initial) Social Security # _____

Address _____
 (Street) Employee # _____ Department _____

 (City) (State) (ZIP Code) Date of Birth _____ Hire Date _____

Phone (_____) _____ (_____) _____
 Home Phone No. Work Phone No. Gender: Male Female

DEFERRAL ELECTION

Pre Tax Deferral Amount \$ _____ or _____ % per pay period

Roth Deferral Amount \$ _____ or _____ % per pay period

Establishing Account for Final Check Amount ONLY, I have completed the County's Update Form.

Effective Date: This agreement will be effective the first available pay date of the month following the month this form is completed.

BENEFICIARY DESIGNATION

I designate the following beneficiary or beneficiaries in accordance with the Plan. The total percentage for primary beneficiary must total 100%. The total percentage for contingent beneficiary, if applicable, must total 100%.

	Complete Legal Name	Relationship	SSN	%
<input checked="" type="checkbox"/>	Primary			
<input type="checkbox"/>	Primary			
<input type="checkbox"/>	Contingent			
<input type="checkbox"/>	Primary			
<input type="checkbox"/>	Contingent			

EMPLOYEE AGREEMENT TO PARTICIPATE IN MULTNOMAH COUNTY DEFERRED COMPENSATION PLAN

Multnomah County Oregon (the Employer) has established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (Plan) for the benefit of its employees. The Plan provides that eligible individuals 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 employee acknowledges the following:

- I have received a packet of information outlining the Deferred Compensation Plan, as well as an enrollment kit which includes information about the contract and investment options.
- I elect to participate in the Plan and agree to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code).
- I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code. I understand that accumulated Plan funds are assets of the County and are to be held by the County in trust for the exclusive benefit of participants and their beneficiaries.
- I understand that early withdrawal of accumulated funds is permitted only upon termination of employment or due to a financial hardship beyond my control. I understand that a financial hardship request will be approved only if the requirements of the Code Section 457-2(h)(4) and (5) are met.
- I agree that the elections indicated here will remain in effect until later changed or revoked by me or my contributions during any year reach the maximum dollar amount allowed under the Plan and Code. If the later occurs, my salary reduction will automatically stop.
- I understand I am electing to utilize the Multnomah County EZ Enrollment / Participation process to establish a Plan account with Voya Financial® and will have my contributions invested in the default fund identified below, which has been designated by the Employer. I further understand that I can change my investment allocation or update my beneficiary designation at any time by contacting Voya at (800) 584-6001 or clicking on Account Access at <https://multnomah.beready2retire.com>.

Your Date of Birth	Fund #	Fund Name
12/31/1945 and earlier	7462	TIAA-CREF Lifecycle Index Retire Income Fund - Institutional Class
Between 01/01/1946 and 12/31/1955	7444	TIAA-CREF Lifecycle Index 2020 Fund - Institutional Class
Between 01/01/1956 and 12/31/1965	7447	TIAA-CREF Lifecycle Index 2030 Fund - Institutional Class
Between 01/01/1966 and 12/31/1975	7456	TIAA-CREF Lifecycle Index 2040 Fund - Institutional Class
Between 01/01/1976 and 12/31/1985	7458	TIAA-CREF Lifecycle Index 2050 Fund - Institutional Class
01/01/1986 and later	7460	TIAA-CREF Lifecycle Index 2060 Fund - Institutional Class

I certify that the information on this form is true, complete and accurate. I understand that early withdrawal of accumulated funds is permitted only upon termination of employment or due to a financial hardship beyond my control. I acknowledge I have read and understand the "Employee Agreement to Participate in Multnomah County Oregon Deferred Compensation Plan" and I hereby authorize this salary reduction.

RETURN **Multnomah County Deferred Comp**
COMPLETED 501 SE Hawthorne Blvd Ste 400
FORM TO: Portland, OR 97214-3501
 Fax: 503.988.6939
 or x86939 (internal only)
 Inter-office: 503 / 400 / Payroll

Participant's Signature **Date** **MultCo Authorized Signature** **Date**