

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

## PARTICIPANT INFORMATION

	rral Amount \$	_ or% p _ or% p	er pay period	Date of Bin		Departmen Hire Date							
(Street) (City) Phone () Home Ph Pre Tax Defer Roth Deferral Establishing A	rral Amount \$ Amount \$ Account for Final Check Amo	)	FERRAL ELECT	Date of Bin	rth	Hire Date	2						
Phone () Home Ph	rral Amount \$ Amount \$ Account for Final Check Amo	)	FERRAL ELECT	-	_								
Home Ph	rral Amount \$ Amount \$ Account for Final Check Amo	DEF _ or% p _ or% p	er pay period	- 'ION	Gender: 🗌 M	Iale 🔲	Femal						
<ul> <li>Pre Tax Defer</li> <li>Roth Deferral</li> <li>Establishing A</li> </ul>	rral Amount \$ Amount \$ Account for Final Check Amo	DEF _ or% p _ or% p	er pay period	ION									
☐ Roth Deferral ☐ Establishing A	Amount <u>§</u> Account for Final Check Amo	_or% p				DEFERRAL ELECTION							
 Establishing A	Account for Final Check Amo		er pay period										
		ount ONLY, I have c											
			completed the Cou	unty's Update Form.									
		e the first available pa			rm is completed.								
1	1 ' 1 (* ' 1 (* '		ICIARY DESIGN		<u> </u>	1000/ 71	1						
	lowing beneficiary or beneficiant the sense of the sense		ith the Plan. The	total percentage for primary be	eneficiary must total	100%. Ih	le total						
	Complete Legal Name	,		Relationship	SSN		%						
🛛 Primary													
Primary													
Contingent Primary							<b> </b>						
Contingent													
	YEE AGREEMENT TO F	ARTICIPATE IN		H COUNTV DEFERRE	COMPENSATI	ON PLAT	N						
	ty Oregon (the Employer) has												
ts employees. Th	e Plan provides that eligible in	dividuals may elect to	o join and become										
	ing and filing a Participation A	Agreement with the En	mployer.										
	nowledges the following: d a packet of information outling	ning the Deferred Co	mnensation Plan	as well as an enrollment kit wh	nich includes inform	ation about	t the						
	ivestment options.	ling the Defended Col	inpensation i fun, e	as well as all enforment kit wi	nen merudes miorm	unon uoou	t the						
	cipate in the Plan and agree to												
	rights to the deferred compen- assets of the County and are to						ulated						
	assets of the County and are to hat early withdrawal of accum						1 mv						
control. I und	erstand that a financial hardshi	ip request will be app	roved only if the r	equirements of the Code Secti	on 457-2(h)(4) and	(5) are met							
	e elections indicated here will					reach the							
	ar amount allowed under the F am electing to utilize the Mult					va Financia	al® and						
will have my	contributions invested in the de	fault fund identified	below, which has	been designated by the Employ	ver. I further unders	stand that I	can						
change my inv	estment allocation or update n	ny beneficiary designa	ation at any time b	y contacting Voya at (800) 58	4-6001 or clicking o	n Account	Acces						
at <u>https://mult</u>	nomah.beready2retire.com.												
_	Your Date of Birth	Fund #		Fund Name									
	12/31/1945 and earlier			fecycle Index Retire Income Fu		lass							
F	Between 01/01/1946 and 12/3			fecycle Index 2020 Fund - Inst									
	Between 01/01/1956 and 12/2 Between 01/01/1966 and 12/2			fecycle Index 2030 Fund - Inst fecycle Index 2040 Fund - Inst									
–	Between 01/01/1966 and 12/3 Between 01/01/1976 and 12/3			fecycle Index 2040 Fund - Inst									
	01/01/1986 and later	7460		fecycle Index 2060 Fund - Inst									
	formation on this form is true,		•	•	Multnomah Coun	( D.f	10						

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.

Portland, OR 97214-3501 Fax: 503.988.6939 or x86939 (internal only) Inter-office: 503 / 400 / Payroll

I acknowledge that I am in a regular position and not in a temporary, on-call, or limited duration position, initial here