



Express Enrollment Form 457 Deferred Compensation Plans

- Carefully complete all sections of this form in blue or black ink.
- Submit the completed form to your employer to enroll in the ICMA-RC 457 Deferred Compensation Plan.

1. PERSONAL INFORMATION

Employer Plan Number: 30 _____ Employer Plan Name: _____

Social Security Number: (For tax reporting purposes) _____ - _____ - _____ Date of Birth: ____ / ____ / ____ (MM/DD/YYYY)

Name: _____ Rehired? Check if yes
Last First MI

Street: _____ City: _____ State: _____ Zip: _____ - _____

Mobile Phone Number: (____) - _____ - _____ Date Employed/Rehired: ____ / ____ / ____ (MM/DD/YYYY)

Gender: M F Marital Status: Married Single Email: _____

2. INVESTMENT SELECTION

By submitting this form, you understand you have not chosen an investment option. To select an investment option, log into www.icmarc.org/login once your account is established. If you do not select an investment option, your entire account will be invested in the Plan's default investment selection.

3. CONTRIBUTION ELECTION

Specify the total percentage 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 submitted.

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

Roth* contributions of _____ % or \$ _____ from my pay each pay period.

* NOT available in all plans. Please check with your employer to confirm that Roth contributions are offered in your plan before selecting this option.

4. BENEFICIARY DESIGNATIONS

Once your account has been established, log in to your account at www.icmarc.org/login to set up your beneficiary designations.

5. SIGNATURES

Sign, date, and submit the completed form to your employer.

Employee Signature Date ____ / ____ / ____ (MM/DD/YYYY)

Authorized Employer Official's Signature Date ____ / ____ / ____ (MM/DD/YYYY)

Authorized Employer Official's Name (Please print) Authorized Employer Official's Title

PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS