



# DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM

Complete this form to open an account with ICMA-RC by carefully reading the attached instructions and printing legibly in blue or black ink.

## 1. REQUIRED PERSONAL INFORMATION

**Employer Plan Number** 30 3 6 1 1      **Employer Plan Name** Downers Grove Sanitary District      **State** IL  
**Social Security Number** (for tax-reporting purposes) \_\_\_\_\_      **Date of Birth** \_\_\_\_\_      **Date Employed/Rehired** \_\_\_\_\_      **Rehire?**   
Month / Day / Year      Month / Day / Year  
**Full Name of Participant** \_\_\_\_\_      **Check if yes**  
Last      First      M.I.  
**Mailing Address/Street** \_\_\_\_\_  
**City** \_\_\_\_\_      **State** \_\_\_\_\_      **Zip Code** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_      **Email Address:** \_\_\_\_\_  
**Daytime Phone Number** \_\_\_\_\_      **Evening Phone Number** \_\_\_\_\_      **Gender**  M  F      **Marital Status**  Married  Single  
Area Code / Area Code

## 2. BENEFICIARY DESIGNATION

Please use whole percentages (e.g., 50%, not 33 1/3%) and be sure the percentages total 100% when designating primary and contingent beneficiaries.

**Primary Beneficiary(ies):**

| NAME  | DATE OF BIRTH  | RELATIONSHIP TO YOU* | SOCIAL SECURITY NUMBER<br>(for tax-reporting purposes) | % OF BENEFIT<br>(whole %) |
|-------|----------------|----------------------|--|---------------------------|
| _____ | ____/____/____ | _____                | ____-____-____   | _____                     |
| _____ | ____/____/____ | _____                | ____-____-____   | _____                     |
| _____ | ____/____/____ | _____                | ____-____-____   | _____                     |
|       |                |                      |  | <b>Total = 100%</b>       |

**Contingent Beneficiary(ies), if any:**

|       |                |       |                |                     |
|-------|----------------|-------|----------------|---------------------|
| _____ | ____/____/____ | _____ | ____-____-____ | _____               |
| _____ | ____/____/____ | _____ | ____-____-____ | _____               |
| _____ | ____/____/____ | _____ | ____-____-____ | _____               |
|       |                |       |                | <b>Total = 100%</b> |

\* The beneficiary relationship options are spouse, non-spouse, trust, and charity.

## 3. AMOUNT OF DEFERRAL

I authorize my employer to defer \_\_\_\_\_% or \$ \_\_\_\_\_ from my pay each pay period to be contributed to my ICMA-RC account, starting on \_\_\_\_/\_\_\_\_/\_\_\_\_ (effective date). Please indicate which type(s) of deferrals are included in the above amount:

Normal deferral       "Age 50" catch-up provision

## 4. ALLOCATION OF CONTRIBUTIONS

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             |
|            |         |      |                     |
|            |         |      |                     |
|            |         |      |                     |
|            |         |      | <b>TOTAL = 100%</b> |

## 5. AUTHORIZED SIGNATURES

I acknowledge that I have read and agreed to the disclosure in the form instructions (see 5). Submit this form to your employer promptly to avoid investment delay. If this form is faxed to ICMA-RC, please do not mail the original.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Month      Day      Year      Month      Day      Year      **Employee ID** \_\_\_\_\_  
**Participant Signature** \_\_\_\_\_      For Employer Use Only  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Month      Day      Year  
**Authorized Employer Official's Signature** \_\_\_\_\_



# 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.**

**After your account at ICMA-RC has been established, you can make future changes to your account, such as address changes and/or fund transfers, using Account Access ([www.icmarc.org](http://www.icmarc.org)) or by calling Investor Services at 800-669-7400. To change your name, marital status, or beneficiary designation, please use the *Employee Information Change Form*. You can download this form by accessing our Web site at [www.icmarc.org/forms](http://www.icmarc.org/forms).**

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., 33<sup>1</sup>/<sub>3</sub>%).**

For future updates to your beneficiary information, please use the *Employee Information Change Form*. You can download this form by accessing our Web site at [www.icmarc.org/forms](http://www.icmarc.org/forms). Please note that beneficiary information cannot be updated over the phone.

The IRS has certain rules governing the distribution of funds to beneficiaries. These rules are outlined in your employer's plan document and ICMA-RC's Participant and Beneficiary Withdrawal Packets.

**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. AMOUNT OF DEFERRAL** – IRS regulations allow you to defer the lesser of (1) a dollar limit in effect for that year, or (2) 100% of your gross compensation less any mandatory pre-tax ("picked-up") employee 401 plan contributions. If you are age 50 or older, you may make additional annual catch-up contributions of a dollar limit in effect for that year. In addition, the "Pre-Retirement" catch-up provision allows eligible participants to contribute additional amounts during the three years prior to the calendar year of their declared normal retirement age. Please review the *457 Deferred Compensation Plan Catch-Up Provision Packet* to determine your eligibility. You may obtain the packet on our Web site at [www.icmarc.org/forms](http://www.icmarc.org/forms). For the applicable dollar limits, please log on to [www.icmarc.org](http://www.icmarc.org) or contact Investor Services at 800-669-7400. You may increase, decrease, stop, or restart contributions by executing appropriate forms. The change will be effective, if practical, the first pay period of the calendar month commencing after the date the amendment is executed.

**4. ALLOCATION OF CONTRIBUTIONS** – 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%, not 33<sup>1</sup>/<sub>3</sub>%). 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%, or the allocation instructions are 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 Enrollment Kit* for more information.

**PLEASE NOTE:** The allocation instructions you provide 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.

ICMA-RC Services, LLC, the wholly owned broker-dealer subsidiary of ICMA-RC, is a member of the Securities Investor Protection Corporation (SIPC). SIPC is an agency that insures certain investors against losses due to the financial failure of brokerage firms. For more information regarding the SIPC, including the SIPC brochure, please visit the SIPC Web site at [www.sipc.org](http://www.sipc.org) or call 202-371-8300.

**5. AUTHORIZED SIGNATURES** – Once you have completed this form, sign it and submit it to your employer for approval. **If this form is faxed (202-682-6439) to ICMA-RC, please do not mail the original.**

Note that by signing this form you acknowledge that you agree to the following disclosure:

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus. 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.

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

**Welcome to ICMA-RC!**