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SAN BERNARDINO COUNTY
401(k) DEFINED CONTRIBUTION PLAN
PARTICIPATION AGREEMENT AMENDMENT
PLAN NUMBER: 666786

Use this form for changes only. For first time enrollment into the Plan contact Voya Financial® at (909) 748-6468. Please check the appropriate transaction below.

- Traditional Pre-Tax 401(k)
Roth 401(k)
Change in Contribution Amount
50+ Contribution
Leave Cash-Out
Change of Address
Name Change

PARTICIPANT INFORMATION

Name (Last, First, Middle) Pre-tax Contrib. Amt. (\$ or % per pay period)
Former Name (Last, First, Middle) Designated Roth Contrib. (\$ or % per pay period)
Address (Number & Street, City, State, Zip Code) 50+ Contrib. Amt. (\$ per pay period)
Starting Pay Period
Date of Birth / / Dept Employee #

EMPLOYEE AGREEMENT TO PARTICIPATE IN THE SAN BERNARDINO COUNTY
401(k) DEFINED CONTRIBUTION PLAN

Having met the eligibility requirements for participation in the San Bernardino County 401(k) Defined Contribution Plan ('Plan'), I hereby submit the following information with respect to my enrollment. I understand the maximum combined contribution under the Plan for the current year is the lesser of 100% of compensation or the applicable IRS annual dollar amount; whichever is less.

A. PRE-TAX CONTRIBUTION INFORMATION

I authorize the County to deduct \$ or % from each pay warrant as PRE-TAX deferred compensation and contribute it to the Plan on my behalf. I understand that my total contributions for the calendar year may not exceed the lesser of 100% of my compensation or the applicable IRS annual dollar limit.

B. ROTH 401(K) AFTER-TAX CONTRIBUTION INFORMATION

I authorize the County to deduct \$ or % from each pay warrant as designated ROTH 401(k) after-tax contributions and contribute it to the Plan on my behalf. I understand that my total contributions for the calendar year may not exceed the lesser of 100% of my compensation or the applicable IRS annual dollar limit.

C. AFTER-TAX VOLUNTARY CONTRIBUTION INFORMATION (MUST BE APPROVED BY PLAN ADMINISTRATOR)

I authorize the County to deduct \$ or % from each pay warrant as AFTER-TAX voluntary contributions and contribute it to the Plan on my behalf. I understand that I may not contribute more than the IRS Code Section 415(d) limit, reduced by voluntary/employer contributions to any other qualified County plan for the same Plan Year. I also understand that After-tax Voluntary Contributions shall not be eligible for employer matching contributions.

TO TRANSFER/CHANGE INVESTMENTS OR DESIGNATE A BENEFICIARY
CALL 1-800-584-6001 OR VISIT https://cosb.beready2retire.com/

SIGNATURE OF EMPLOYEE DATE WORK PHONE HOME PHONE
This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

RETURN COMPLETED FORM TO:
SalarySavings@hr.sbcounty.gov
or
Interoffice to EBSD-0440

EMPLOYEE BENEFITS AUTHORIZATION DATE