Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.



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

Order # 170970 06/07/2023

☐ Traditional Pre-Tax 401(k)☐ Leave Cash-Out		☐ Roth 401(k)☐ Change of Address	☐ Change in Co☐ Name Change		□ 50+ Contribution
		PARTIC	IPANT INFORMAT	TION	
Name	-			Pre-tax Contrib. A	
	(Last)	(First)	(Middle)		(\$ or % per pay period)
Former	-			Designated Roth Cont	
Name	(Last)	(First)	(Middle)		(\$ or % per pay period)
Address				50+ Contrib. A	mt.
	(Number & Stre	eet)			(\$ per pay period)
	(C:F)	(0,1)	(7' · C · 1 ·)	Starting Pay Per	riod
Date of B	(City)	(State)	(Zip Code)	Employ	oo #
Date of D	irtii/	/Dept		Employe	ee #
	EMPLO	YEE AGREEMENT TO PAI	RTICIPATE IN THE	E SAN BERNARDINO CO	UNTY
			ED CONTRIBUTIO		
agreement	will be effective th	e lesser of 100% of compensation of full payroll period follow starting pay period indicated ab	ving the date this form	RS annual dollar amount; what is received and processed be	
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