



COUNTY OF SAN BERNARDINO
457(b) DEFERRED COMPENSATION PLAN
EZ ENROLLMENT / PARTICIPATION AGREEMENT
 Fax: 909-792-7976 **PLAN NUMBER: 666785**

PARTICIPANT INFORMATION

Name _____ **Pre-Tax Deferral Amount (\$ or %)** _____
 (Last) (First) (Middle) (per pay period - min. \$10 total contribution)

Roth Deferral Amount (\$ or %) _____
 (per pay period - min. \$10 total contribution)

Address _____
 (Number & Street) (City) (State) (ZIP Code)

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Dept _____ Employee # _____

Gender Male Female Date of Hire ____/____/____ Email _____

EMPLOYEE AGREEMENT TO PARTICIPATE IN THE COUNTY OF SAN BERNARDINO
457(b) DEFERRED COMPENSATION PLAN

The employer and employee agree to the following:

- Employee has received information outlining the terms of the Plan.
- The maximum amount that may be deferred under the Plan for the current year is generally the lesser of 100% of compensation or the applicable IRS annual dollar limit. Minimum deferral is \$10 total per bi-weekly pay period.
- Employee understands he or she is electing to utilize the San Bernardino County EZ Enrollment / Participation process and will have his or her contributions invested in the default fund identified below, which has been designated by the Employer. The Employee can change his or her investment allocation at any time by following the instructions provided below.

<u>Your Date of Birth</u>	<u>Fund #</u>	<u>Fund Name</u>
12/31/1952 and earlier	SB01	Vanguard® Target Retirement Income Trust I CIT
01/01/1953 through 12/31/1957	SB02	Vanguard® Target Retirement 2020 Trust I CIT
01/01/1958 through 12/31/1962	SB03	Vanguard® Target Retirement 2025 Trust I CIT
01/01/1963 through 12/31/1967	SB04	Vanguard® Target Retirement 2030 Trust I CIT
01/01/1968 through 12/31/1972	SB05	Vanguard® Target Retirement 2035 Trust I CIT
01/01/1973 through 12/31/1977	SB06	Vanguard® Target Retirement 2040 Trust I CIT
01/01/1978 through 12/31/1982	SB07	Vanguard® Target Retirement 2045 Trust I CIT
01/01/1983 through 12/31/1987	SB08	Vanguard® Target Retirement 2050 Trust I CIT
01/01/1988 through 12/31/1992	SB09	Vanguard® Target Retirement 2055 Trust I CIT
01/01/1993 through 12/31/1997	SB10	Vanguard® Target Retirement 2060 Trust I CIT
01/01/1998 through 12/31/2002	SB11	Vanguard® Target Retirement 2065 Trust I CIT
01/01/2003 and later	SB12	Vanguard® Target Retirement 2070 Trust I CIT

This agreement will be effective the first full payroll period of the month following the date this form is received and processed by the Employee Benefits and Services Division.

BENEFICIARY DESIGNATION

I designate the following beneficiary or beneficiaries in accordance with the 457(b) Deferred Compensation Plan. Percentages must total 100%. If your spouse is not designated as your sole primary beneficiary, your spouse must consent to your designation by completing a spousal consent form.

<u>Complete Legal Name, Address and Phone #</u>	<u>Relationship</u>	<u>SSN</u>	<u>Date of Birth</u>	<u>Primary</u>	<u>Contingent</u>	<u>%</u>
				<input checked="" type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

SIGNATURE OF EMPLOYEE **DATE** **WORK PHONE** **HOME PHONE**

EMPLOYEE BENEFITS AUTHORIZATION **DATE**

Fax, E-mail or Mail form to: San Bernardino County
 HR – Employee Benefits and Services, 175 W. 5th Street, First Floor
 San Bernardino, CA 92415-0440
 Fax: 909-387-5566, E-mail: SalarySavings@hr.sbcounty.gov, Interoffice: EBSD-0440

TO TRANSFER/CHANGE INVESTMENTS
CALL 1-800-584-6001 OR VISIT <http://cosb.beready2retire.com>