



**CITY OF SAN JOSE
DEFERRED COMPENSATION PLAN
EZ ENROLLMENT/PARTICIPATION AGREEMENT
Plan No. 666779**

PARTICIPANT INFORMATION

Name _____
 (Last) (First) (Middle Initial) **Social Security #** _____ **Employee ID#** _____

Address _____
 (Number & Street) **Date Employed** _____ **Rehired? Check if yes**

 (City) (State) (ZIP Code) **Date of Birth** _____ **Location Code** _____

Phone (_____) _____ **Email** _____ **Gender:** Male Female
 Home Phone No. Work Phone No. Address

DEFERRAL ELECTION

Salary Reduction Amount
Pre-tax \$ _____ and/or **Roth \$** _____ from my salary per pay period. *Subject to minimum of bi-weekly contribution of \$25.00 (per deferral type).*
Pre-tax _____ % and/or **Roth** _____ % from my salary per pay period. *Subject to minimum of bi-weekly contribution of \$25.00 (per deferral type).*
This agreement will be effective the first available pay period of the month following the month this form is received at the address shown below.

BENEFICIARY DESIGNATION

I designate the following beneficiary or beneficiaries in accordance with the Plan. The total percentage for primary beneficiary must total 100%. The total percentage for contingent beneficiary, if applicable, must total 100%. I understand that I can change my beneficiary designation at any time by contacting Voya Financial® at (800) 584-6001 or clicking on the Log In button from <https://SanJose.beready2retire.com>.

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

EMPLOYEE AGREEMENT TO PARTICIPATE IN CITY OF SAN JOSÉ DEFERRED COMPENSATION PLAN

The City of San José (the Employer) has established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (Plan) for the benefit of its employees. The Plan provides that eligible individuals may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Participation Agreement with the Employer. The employee acknowledges the following:

- I elect to participate in the Plan and agree to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code).
- I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code.
- I agree that the elections indicated here will remain in effect until later changed or revoked by me or my contributions during any year reach the maximum dollar amount allowed under the Plan and Code. If the later occurs, my salary reduction will automatically stop.
- I understand I am electing to utilize the City of San José EZ Enrollment / Participation process and will have contributions to the Plan invested in the default fund identified below, which has been designated by the Employer. I understand that neither the principal nor interest is guaranteed, I assume the risk of investment performance and that my account balance will fluctuate daily. **I further understand that my investment allocations may be changed at any time and am encouraged to contact a Voya representative for personal assistance. TO TRANSFER/CHANGE INVESTMENTS CALL: 800.584.6001 or VISIT <https://SanJose.beready2retire.com>.**

Your Date of Birth	Fund #	Fund Name
Prior to 12/31/1952	6838	Vanguard® Target Retirement Income Trust II CIT
Between 01/01/1953 and 12/31/1957	6829	Vanguard® Target Retirement 2020 Trust II CIT
Between 01/01/1958 and 12/31/1962	6830	Vanguard® Target Retirement 2025 Trust II CIT
Between 01/01/1963 and 12/31/1967	6831	Vanguard® Target Retirement 2030 Trust II CIT
Between 01/01/1968 and 12/31/1972	6832	Vanguard® Target Retirement 2035 Trust II CIT
Between 01/01/1973 and 12/31/1977	6833	Vanguard® Target Retirement 2040 Trust II CIT
Between 01/01/1978 and 12/31/1982	6834	Vanguard® Target Retirement 2045 Trust II CIT
Between 01/01/1983 and 12/31/1987	6835	Vanguard® Target Retirement 2050 Trust II CIT
Between 01/01/1988 and 12/31/1992	6836	Vanguard® Target Retirement 2055 Trust II CIT
Between 01/01/1993 and 12/31/1997	6837	Vanguard® Target Retirement 2060 Trust II CIT
Between 01/01/1998 and 12/31/2002	C325	Vanguard® Target Retirement 2065 Trust II CIT
After 01/01/2003	F692	Vanguard® Target Retirement 2070 Trust II CIT

I certify that the information on this form is true, complete and accurate. I understand that withdrawal of accumulated funds is permitted only upon the occurrence of a Qualifying Event or due to a financial hardship beyond my control. I acknowledge I have read and understand the "City of San José Deferred Compensation Plan Disclosure Sheet" and I hereby authorize this salary reduction.

RETURN COMPLETED FORM TO: **City of San José Human Resources**
 Attn: Deferred Compensation Staff
 200 East Santa Clara Street-Tower 4th Floor
 San José, CA 95113
 Phone: 408.975.1465 Fax: 408.999.0862

Participant's Signature _____ Date _____ San José HR Authorized Signature _____ Date _____