

Edition Date: 12/16/2012 (CITY APPROVED)

## CITY OF SAN JOSE DEFERRED COMPENSATION PLAN EZ ENROLLMENT/PARTICIPATION AGREEMENT

Plan No. 666779

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%. I understand that I can change my beneficiary designation at any time by contacting Voya Financial* at (800) \$84-6010 or clicking on the Log In button from hittps://SanJose.bera/2retire.com.  Complete Legal Name, Address and Phone # Relationship SSN Date of Birth %  Primary  Primary  Contingent  Primary	PLAN • SAVE • GROW  PARTICIPANT INFORMATION										
(Last) (First) (Middle Initial) Social Security # Employee ID#  Address (Number & Street)	Name										
City   City   City   City   City   City   City   City   Date of Birth   Location Code			(First) (		(Middle Initial)	(Middle Initial)		Social Security #		Employee ID#	
City   City   City   City   City   City   Carle   Date of Birth   Location Code	Address			· · · · · · · · · · · · · · · · · · ·						_	
Phone (	(Nu	mber & Street)					Date Employed		<b>Rehired?</b> Check if yes		
Prior   Primary   Primar	(Cit	zy)	(State)		(ZIP Code)	•		_			
Home Phone No.   Mork Phone No.   DEFERRAL ELECTION	• •		,				Date of Birth		<b>Location Code</b>		
DEFERRAL ELECTION     Salary Reduction Amount     Pre-tax S		e Phone No	()	Ŀ	EmailAdd	ess.	Gen	der:	☐ Male	☐ Female	
Salary Reduction Amount	Tiom	e i none i vo.	Work I none ivo.	DE		.033					
Pre-tax S and/or Roth											
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			from r	ny salar	ry per pay period. Subject t	o minim	um of bi-weekly contr	ibution	of \$25.00 (per	deferral type).	
Resignate the following beneficiary or beneficiaries in accordance with the Plan. 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.beready2rctire.com	Pre-tax% and/or Roth% from my salary per pay period. Subject to minimum of bi-weekly contribution of \$25.00 (per deferral type).										
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Primary	Voya Financi					dy2reti		Dot	to of Diuth	0/	
Primary   Contingent   Primary   Pri	Drimon.	Complete Lega	n Name, Address and F	none #	Relationship		221	Dat	e of Birth	%	
Contingent   Primary											
Primary   Contingent   Primary   Primary   Contingent   Primary   Primar		ent									
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:  1. 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).  2. I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code.  3. 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.  4. 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 trisk 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 INVESTMENT EAULTS (1973/1975) [6838] Vanguard® Target Retirement Income Trust II CIT  Between 01/01/1953 and 12/31/1967 [6830] Vanguard® Target Retirement 2020 Trust II CIT  Between 01/01/1963 and 12/31/1972 [6832] Vanguard® Target Retirement 2035 Trust II CIT  Between 01/01/1973 and 12/31/1972 [6832] Vanguard® Target Retirement 2045 Trust II CIT  Between 01/01/1988 and 12/31/1982 [6834] Vanguard® Target Retirement 2045 Trust II CI	☐ Primary										
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Participant's Signature Date San José HR Authorized Signature Date											