



MULTNOMAH COUNTY OREGON DEFERRED COMPENSATION PLAN – PLAN# 664680 EZ ENROLLMENT / PARTICIPATION AGREEMENT

PARTICIPANT INFORMATION

Name _____			Social Security # _____	
(Last)	(First)	(Middle Initial)		
Address _____			Employee # _____	Department _____
(Street)				
(City) _____ (State) _____ (ZIP Code) _____			Date of Birth _____	Hire Date _____
Phone (_____) _____ (_____) _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone No. _____ Work Phone No. _____				

DEFERRAL ELECTION

- ☐ Pre Tax Deferral Amount \$ _____ or _____ % per pay period
- ☐ Roth Deferral Amount \$ _____ or _____ % per pay period
- ☐ Establishing Account for Final Check Amount ONLY, I have completed the County's Update Form.

Effective Date: This agreement will be effective the first available pay date of the month following the month this form is completed.

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%.

	Complete Legal Name	Relationship	SSN	%
<input checked="" type="checkbox"/> Primary				
<input type="checkbox"/> Primary				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary				
<input type="checkbox"/> Contingent				

EMPLOYEE AGREEMENT TO PARTICIPATE IN MULTNOMAH COUNTY DEFERRED COMPENSATION PLAN

Multnomah County Oregon (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 have received a packet of information outlining the Deferred Compensation Plan, as well as an enrollment kit which includes information about the contract and investment options.
- 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 understand that accumulated Plan funds are assets of the County and are to be held by the County in trust for the exclusive benefit of participants and their beneficiaries.
- I understand that early withdrawal of accumulated funds is permitted only upon termination of employment or due to a financial hardship beyond my control. I understand that a financial hardship request will be approved only if the requirements of the Code Section 457-2(h)(4) and (5) are met.
- 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 Multnomah County EZ Enrollment / Participation process to establish a Plan account with Voya Financial® and will have my contributions invested in the default fund identified below, which has been designated by the Employer. I further understand that I can change my investment allocation or update my beneficiary designation at any time by contacting Voya at (800) 584-6001 or clicking on Account Access at <https://multnomah.beready2retire.com>.

Your Date of Birth	Fund #	Fund Name
12/31/1953 and earlier	7462	TIAA-CREF Lifecycle Index Retire Income Fund - Institutional Class
Between 01/01/1954 and 12/31/1958	7444	TIAA-CREF Lifecycle Index 2020 Fund - Institutional Class
Between 01/01/1959 and 12/31/1963	7445	TIAA-CREF Lifecycle Index 2025 Fund - Institutional Class
Between 01/01/1964 and 12/31/1968	7447	TIAA-CREF Lifecycle Index 2030 Fund - Institutional Class
Between 01/01/1969 and 12/31/1973	7452	TIAA-CREF Lifecycle Index 2035 Fund - Institutional Class
Between 01/01/1974 and 12/31/1978	7456	TIAA-CREF Lifecycle Index 2040 Fund - Institutional Class
Between 01/01/1979 and 12/31/1983	7457	TIAA-CREF Lifecycle Index 2045 Fund - Institutional Class
Between 01/01/1984 and 12/31/1988	7458	TIAA-CREF Lifecycle Index 2050 Fund - Institutional Class
Between 01/01/1989 and 12/31/1993	7459	TIAA-CREF Lifecycle Index 2055 Fund - Institutional Class
Between 01/01/1994 and 12/31/1998	7460	TIAA-CREF Lifecycle Index 2060 Fund - Institutional Class
01/01/1999 and later	E655	TIAA-CREF Lifecycle Index 2065 Fund - Institutional Class

I certify that the information on this form is true, complete and accurate. I understand that early withdrawal of accumulated funds is permitted only upon termination of employment or due to a financial hardship beyond my control. I acknowledge I have read and understand the "Employee Agreement to Participate in Multnomah County Oregon Deferred Compensation Plan" and I hereby authorize this salary reduction.

**RETURN
COMPLETED
FORM TO:**

Multnomah County Deferred Comp
501 SE Hawthorne Blvd Ste 400
Portland, OR 97214-3501
Fax: 503.988.6939
or x86939 (internal only)
Inter-office: 503 / 400 / Payroll

I acknowledge that I am in a regular position and not in a temporary, on-call, or limited duration position, initial here _____

_____	_____	_____	_____
Participant's Signature	Date	MultCo Authorized Signature	Date