



Express Enrollment Form 457 Deferred Compensation Plans

- Carefully complete all sections of this form in blue or black ink.
- Submit the completed form to your employer to enroll in the ICMA-RC 457 Deferred Compensation Plan.

1. PERSONAL INFORMATION

Employer Plan Number: 30 _____ Employer Plan Name: _____

Social Security Number: (For tax reporting purposes) _____ - _____ - _____ Date of Birth: ____ / ____ / ____ (MM/DD/YYYY)

Name: _____ Rehired? Check if yes
Last First MI

Street: _____ City: _____ State: _____ Zip: _____ - _____

Mobile Phone Number: (____) - _____ - _____ Date Employed/Rehired: ____ / ____ / ____ (MM/DD/YYYY)

Gender: M F Marital Status: Married Single Email: _____

2. INVESTMENT SELECTION

By signing this form you are electing to invest your contributions in the Plan's Default Investment Selection.
Once your account has been established, log in to your account at www.icmarc.org/login if you would like to change your investment selection.
For information about the investment options available to your plan, go to www.icmarc.org/fundinfo.

3. CONTRIBUTION ELECTION

Specify the total percentage or dollar amounts you wish to contribute each pay period. Contributions will begin as soon as administratively possible following the month in which this form is submitted.

Pre-tax deferrals of _____ % or \$ _____ from my pay each pay period.

4. BENEFICIARY DESIGNATIONS

Once your account has been established, log in to your account at www.icmarc.org/login to setup your beneficiary designations.

5. SIGNATURES

Sign, date, and submit the completed form to your employer.

Employee Signature Date ____ / ____ / ____ (MM/DD/YYYY)

Authorized Employer Official's Signature Date ____ / ____ / ____ (MM/DD/YYYY)

Authorized Employer Official's Name (Please print) Authorized Employer Official's Title

PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS