



# DEFERRED COMPENSATION PLAN PART-TIME, TEMPORARY AND SEASONAL (PTS) ENROLLMENT FORM

457  
PTS

Complete this form to open an account with ICMA-RC by carefully reading the attached instructions and printing legibly in blue or black ink.

## 1. REQUIRED PERSONAL INFORMATION

Employer Plan Number **307109**      Employer Plan Name **City of Oakland**      State **CA**

Social Security Number (for tax-reporting purposes) \_\_\_\_\_      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Date Employed/Rehired \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Rehired?

Full Name of Participant \_\_\_\_\_      Check if yes

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address/Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Evening Phone Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Area Code \_\_\_\_\_      Area Code \_\_\_\_\_      Gender  M  F      Marital Status  Married  Single

## 2. BENEFICIARY DESIGNATION

Please use whole percentages (e.g., 50%, not 33⅓%) and be sure the percentages total 100% when designating primary and contingent beneficiaries.

**Primary Beneficiary(ies):**

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU (Spouse, non-spouse, trust, or charity)	SOCIAL SECURITY NUMBER (for tax-reporting purposes)	% OF BENEFIT (whole %)
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
				<b>Total = 100%</b>

**Contingent Beneficiary(ies), if any:**

_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
				<b>Total = 100%</b>

## 3. AMOUNT OF DEFERRAL

I authorize my employer to defer 3.75% from my pay each pay period to be contributed to my ICMA-RC account.

## 4. ALLOCATION OF CONTRIBUTIONS

The VantageTrust PLUS Fund is the default investment option for PTS employees. For additional information, please refer to the current *Making Sound Investment Decisions: A Retirement Investment Guide* and the accompanying *VantageTrust Fund Fees and Expenses* document.

ALLOCATION	
Code	Percent
7071	100%

## 5. AUTHORIZED SIGNATURES

I acknowledge that I have read and agreed to the disclosure in the form instructions (see Instruction 5). Submit this form to your employer promptly to avoid investment delay. If this form is faxed to ICMA-RC, please do not mail the original.

Participant Signature \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Employee ID \_\_\_\_\_  
Month      Day      Year      For Employer Use Only

Authorized Employer Official's Signature \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year



# DEFERRED COMPENSATION PLAN PART-TIME, TEMPORARY AND SEASONAL (PTS) ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature to ensure you understand the plan's provisions.

After your account at ICMA-RC has been established, you can make future changes to your account, such as address changes, using Account Access ([www.icmarc.org](http://www.icmarc.org)) or by calling Investor Services at 800-669-7400. To change your name, marital status, or beneficiary designation, please use the *Employee Information Change Form* (available online at [www.icmarc.org/forms](http://www.icmarc.org/forms)).

Once your enrollment is complete, you will receive a Welcome Letter from ICMA-RC confirming your account information. In addition, you will receive annual statements for your account. Please review these items carefully and notify ICMA-RC immediately of any errors.

**IMPORTANT NOTE:** Please do not delay in submitting this form to your employer. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

**1. PARTICIPANT INFORMATION** — Please complete this section carefully. The information will be used to establish your account.

**2. BENEFICIARY DESIGNATION** — Print the name, date of birth, relationship to you, Social Security number, and percentage to be received for each of your beneficiaries. **The beneficiary relationship options are spouse, non-spouse, trust, and charity.** If this form is not signed, the beneficiary designation will not be valid. If a valid form is not on file at the time of your death, benefits will be paid as outlined in your employer's plan document (normally, to your estate).

**Beneficiary percentages are invalid if your request omits percentages, includes percentages that do not equal 100%, or is expressed with fractions (e.g., 33 $\frac{1}{3}$ %).**

For future updates to your beneficiary information, please use the *Employee Information Change Form* which is available online at [www.icmarc.org/forms](http://www.icmarc.org/forms). Please note that beneficiary information cannot be updated over the phone.

The IRS has certain rules governing the distribution of funds to beneficiaries. These rules are outlined in your employer's plan document and ICMA-RC's Participant and Beneficiary Withdrawal Packets.

**If none of your primary beneficiaries are living upon your death, your assets will be distributed to your estate unless you have a designated contingent beneficiary.**

**Note:** If a Social Security number is not provided for your beneficiary(ies) and ICMA-RC cannot locate the named beneficiary(ies), the account balance will be paid as outlined in your employer's plan document (normally, to your estate).

## SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY

**STATES** — If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must generally name your spouse as your beneficiary unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this enrollment process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your intended beneficiary(ies). If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the *Community Property Spousal Waiver Form*. Contact 800-669-7400 for more information and to request the waiver form.

**3. AMOUNT OF DEFERRAL** — The PTS Plan requires a contribution of 7.5% of your salary per plan year. The City of Oakland has determined that the PTS employee will make a 3.75% contribution and the City will make a 3.75% contribution.

**4. ALLOCATION OF CONTRIBUTIONS** — The PTS plan requires that PTS assets, including rollover contributions, are invested in the VT PLUS Fund.

**5. AUTHORIZED SIGNATURES** — Once you have completed this form, sign it and submit it to your employer for approval.

Note that by signing this form you acknowledge that you agree to the following disclosure:

I have received and read the current *Making Sound Investment Decisions: A Retirement Investment Guide* and the accompanying *VantageTrust Fund Fees and Expenses* document.

**Welcome to ICMA-RC!**