



Quick Enrollment
Governmental 457(b) Plan

City of Stockton, Deferred Compensation Plan and Trust - a 457 Plan City of Stockton

772929-01

Participant Information

Yes! I would like to enroll in the City of Stockton, Deferred Compensation Plan and Trust - a 457 Plan City of Stockton and voluntarily contribute:

- Contribution options: \$ or % per pay period on a Deferred Salary basis, Roth basis, or I do not wish to contribute.

Form fields for personal information: Last Name, First Name, MI, Address, City, State, Zip Code, Home Phone, Work Phone.

Form fields for contact and identification: Social Security Number, E-Mail Address, Marital Status, Date of Birth, Date of Hire.

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with Empower? Yes, I would like a representative to call me at phone # to review my options and assist me with the process.

Investment Option: I understand that this form is my election to enroll in the Plan. By signing this form, my contributions will be allocated to the Plan's default investment fund without additional action by me.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents.

My Account: I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days from the last calendar quarter.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form with the Service Provider.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code.

Participant Signature Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant send to Plan Administrator:

As Plan Administrator, I authorize the enrollment of the above-named participant and the payroll deduction as indicated on this form. I understand that QDIA protection may not be available to the Plan Sponsor if the QDIA conditions have not been satisfied.

Plan Administrator Signature Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.



DEFERRED COMPENSATION CONTRIBUTION CHANGE FORM

As a participating employee in the Deferred Compensation plan, who has executed a City of Stockton Participation Agreement, I hereby cancel the prior payroll contribution authorization and designate the new payroll contribution to appear **per paycheck**, as stated below:

Active Payday (7th or 22nd): _____

____ **Traditional 457(b)** (pre-tax) Employee Contribution per Payday: \$ _____ or % _____

It is my intent, based on IRS. regulations, to have the maximum allowable contributions into my City of Stockton Deferred Compensation Plan.

Catch-Up Effective Years (if applicable) _____

____ **Roth 457(b)** (post-tax) Employee Contribution per Payday: \$ _____ or % _____

It is my intent, based on IRS. regulations, to have the maximum allowable contributions into my City of Stockton Deferred Compensation Plan.

Catch-Up Effective Years (est. 2024) _____

By signing this form, I understand my combined annual contributions to both Traditional 457(b) & Roth 457 (b) plans cannot exceed the maximum limits set each year by the IRS.

Employee's Signature

Date Signed

Please PRINT Name Clearly

SS# or 6-digit Employee #

Personal E-mail for Account

Date of Birth

Please return to benefits@stocktonca.gov at Human Resources for processing.

Employer Use Only:

Request Type: Start Change Stop

Stop Code: _____ End Date: _____

Start Code: _____ Start Date: _____ Max: \$ _____ Payday: _____

Entered By: _____ Verified By: _____ Sent to Payroll: _____