

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

**1 PERSONAL INFORMATION**

EMPLOYER PLAN NUMBER: <b>30</b>	EMPLOYER PLAN NAME:		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: MM/DD/YYYY	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:
FULL NAME: LAST, FIRST, MI	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		REHIRED? <input type="checkbox"/> CHECK IF YES
MAILING ADDRESS: <small>STREET</small>		<small>CITY</small>	<small>STATE</small> <small>ZIP</small>

**2 INVESTMENT SELECTION**

By submitting this form, you understand you have not chosen an investment option. To select an investment option, log into [www.icmarc.org/login](http://www.icmarc.org/login) once your account is established. If you do not select an investment option, you entire account will be invested in the Plan's default investment selection.

**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 contributions** of \_\_\_\_\_% **OR** \$\_\_\_\_\_ from my pay each pay period.

**Roth\* contributions** of \_\_\_\_\_% **OR** \$\_\_\_\_\_ from my pay each pay period.

*\*NOT available in all plans. Please check with your employer to confirm that Roth Contributions are offered in your plan before selecting this option.*

**4 BENEFICIARY DESIGNATIONS**

Once your account has been established, log in to your account at [www.icmarc.org/login](http://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 \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_

**PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.**