

- 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: 30	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	DATE OF HIRE: MM/DD/YYYY
MAILING ADDRESS: STREET CITY STATE ZIP			

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 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 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.