

CITY OF PORTLAND
457(b) Defined Compensation Plan (Group #666943)
Voya EZ Enrollment/Participation Agreement



Health & Financial Benefits
 HEALTHY LIVING. HEALTHY FUTURE.

PARTICIPANT INFORMATION

Name _____
 (Last) (First) (Middle Initial) Employee # (if known) _____

Address _____
 (Street) Dept. & Location _____

(City) (State) (ZIP Code) Date of Birth _____ Date of Hire (if known) _____

Phone (_____) (_____) _____
 Primary Phone. Work Phone No. Email Gender: Male Female

DEFERRAL ELECTION

I elect to contribute: **Desired Effective Date (1st of Month)** _____

Pre-tax Contribution \$ _____ or _____ % per payday **Roth After-Tax Contribution** \$ _____ or _____ % per payday

(min \$10) (min 1%, max 85%) (min \$10) (min 1%, max 85%)

and continuing for the period of my employment or until changed or revoked in writing.

- Maximum percentage allowed is 85% to accommodate for required taxes, health care premiums, and other deductions.
- The payroll system will not withhold a partial amount. If you want to defer most of your pay, please contact central payroll for an estimate of the maximum amount available for deferral. Pre-tax deferrals are subject to Social Security and Medicare Tax withholding.
- This form must be received by the 15th of the month to become effective the first payday of the following month

EMPLOYEE AGREEMENT TO PARTICIPATE IN CITY OF PORTLAND GOVERNMENTAL 457(b) PLAN

The City of Portland (Employer) has established the City of Portland Governmental 457(b) Plan (Plan) for the benefit of its employees. Prosper Portland is a Participating Employer under the Plan. The Plan provides that eligible individuals may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Participation Agreement with the Employer. The employee acknowledges the following:

1. I will receive a packet of information outlining the Plan and an enrollment kit which includes information about the contract and investment options.
2. I elect to participate in the Plan and agree to contribute to the Plan in accordance with the Plan and Internal Revenue Code (Code).
3. I agree that all rights to the contributions shall be governed by the terms and conditions of the Plan and Code.
4. I agree that the elections indicated here will remain in effect until later changed or revoked by me by giving advance written notice to the City or my contributions reach the annual maximum dollar amount allowed under the Plan and Code. If the later occurs, my contributions will automatically stop. I acknowledge my contributions to the Plan will terminate automatically upon my separation from service or retirement.
5. I understand that if I do not allocate my contributions, I am electing to utilize the City of Portland EZ Enrollment / Participation process to establish a Plan account with Voya Financial® and will have my contributions invested in the default fund identified below, which has been designated by the Employer, determined by my Date of Birth provided above. I further understand that I can change my investment allocation at any time by using Account Login at prime.beready2retire.com or contacting Voya at (800) 584-6001.

Your Date of Birth	Fund #	Fund Name
December 31, 1953 and earlier	3040	JPMCB SmartRetirement® Passive Blend Income Fund - CF Class CIT
Between 01/01/1954 and 12/31/1958	3032	JPMCB SmartRetirement® Passive Blend 2020 Fund - CF Class CIT
Between 01/01/1959 and 12/31/1963	3033	JPMCB SmartRetirement® Passive Blend 2025 Fund - CF Class CIT
Between 01/01/1964 and 12/31/1968	3034	JPMCB SmartRetirement® Passive Blend 2030 Fund - CF Class CIT
Between 01/01/1969 and 12/31/1973	3035	JPMCB SmartRetirement® Passive Blend 2035 Fund - CF Class CIT
Between 01/01/1974 and 12/31/1978	3036	JPMCB SmartRetirement® Passive Blend 2040 Fund - CF Class CIT
Between 01/01/1979 and 12/31/1983	3037	JPMCB SmartRetirement® Passive Blend 2045 Fund - CF Class CIT
Between 01/01/1984 and 12/31/1988	3038	JPMCB SmartRetirement® Passive Blend 2050 Fund - CF Class CIT
Between 01/01/1989 and 12/31/1993	3039	JPMCB SmartRetirement® Passive Blend 2055 Fund - CF Class CIT
January 1, 1994 and later	8210	JPMCB SmartRetirement® Passive Blend 2060 Fund - CF Class CIT

I certify that the information on this form is true, complete and accurate. I acknowledge I have read and understand the Plan Acknowledgment form. I acknowledge a fee will be deducted quarterly from each investment option in my account; a portion of this fee is for Voya's record-keeping services and a portion is for the City's administrative services. I hereby authorize this contribution election.

Participant's Signature _____ Date _____

RETURN COMPLETED FORM TO:

City of Portland
 106/987- BHR Deferred Comp
 or
 1120 SW 5th Ave Room 987 Portland,
 OR 97204-1912
 Fax: 503-865-3270
 Phone: 503-823-6031
benefits@portlandoregon.gov

Prosper Portland
 129/Prosper Portland – Deferred Comp
 or
 220 NW 2nd Ave
 Portland, OR 97209
 Fax No. 503-823-6003

OFFICE USE ONLY

Eff. _____ Action _____

\$or% _____ to \$or % _____

PSTAT _____ HD _____

Entered _____ By _____

Employee SSN: _____

Worksite: _____

Copy to Voya