

**CITY OF PORTLAND
457 DEFERRED COMPENSATION PLAN
PARTICIPATION AGREEMENT FORM – FINAL PAYCHECK ONLY**

Name (Please print)

Home Address

Date of Birth Interoffice Address

Home Phone Work Phone

Preferred Email Address (optional)

1. PARTICIPATION. I wish to participate in the City of Portland Deferred Compensation Plan and agree to defer compensation as indicated below.

I understand that this form must be received by the Human Resources Office by the 15th of the month prior to the month in which I leave employment. If you contribute to both Voya and Advantis and/or Pre and Post-tax, the combined deferrals are subject to the annual plan contribution limits.

2. INVESTMENT PROVIDER AND DEFERRAL ELECTION FOR FINAL PAYCHECK DATED _____.

Voya Financial I elect to defer \$_____or_____ % of my eligible:
 Vacation Payout Comp Payout Holiday Payout on my final paycheck.

Advantis I elect to defer \$_____or_____ % of my eligible:
 Vacation Payout Comp Payout Holiday Payout on my final paycheck.

NOTE: The IRS maximum calendar year limits still apply. If you would like to apply for the 3-year catch-up provision you must complete an application form.

3. ACKNOWLEDGMENT FORM. By entering into this Participation Agreement, I acknowledge the items on the Acknowledgment Form have been explained to me and that I fully understand them.

I reserve the right to change or revoke this Participation Agreement, as permitted under the Plan. In the event more than one Participation Agreement is executed by me, the latest in time shall govern.

My Deferrals will terminate automatically upon separation of service or retirement.

The Investment Providers pay the City an annual administrative fee to recover the City's cost of its Plan operations.

Pre-Tax Deferrals are subject to Social Security and Medicare Tax.

.....
Participant Signature

.....
Date

.....
Representative of Investment Provider

Return To:

.....
City of Portland Authorized Signature

City of Portland

Inter Office: 106/404 HR/Deferred Comp
Mail: 1120 SW 5th Ave, Rm 404
Portland, OR 97204-1912
Fax: 503-823-3522

PDC

Inter Office: 129/PDC – Deferred Comp
Mail: 222 NW 5th Ave
Portland, OR 97209-3859
Fax: 503-865-3615