

## CITY OF SAN JOSE DEFERRED COMPENSATION PLAN EZ ENROLLMENT/PARTICIPATION AGREEMENT

Plan No. 666779

PARTICIPANT INFORMATION									
Name									
	(Last)	(Last) (First)		(Middle Initial)		Social Security #		Employee ID#	
Address	:								
	(Number &	Street)	Date Employed	_ I	Rehired? C	Theck if yes 🗌			
	. <u></u>								
	(City)	(State)		(ZIP Code)		Date of Birth		Taaat	ion Code
Phone	( )	( )		Email				Location Code	
	Home Phone	No. Work Phone No.	·	E-man _	Address	Gen	der:	Male	Female
			DE	FERRAL	ELECTION				
Salary Reduction Amount									
		and/or <b>Roth \$</b> fr	om mv sala	rv per pav	period. Subject to	minimum of bi-weekly cont	ribution d	of \$25.00 (per	· deferral type).
Pre-tax	0	% and/or <b>Roth%</b> from	my salary p	er pay per	iod. Subject to min	imum of bi-weekly contribu	tion of \$2	5.00 (per defe	erral type).
		ill be effective the first available p							
BENEFICIARY DESIGNATION									
I designa	ate the followi	ng beneficiary or beneficiaries in a	ccordance v	vith the Pl	an. The total perc	entage for primary benef	iciary m	ust total 100	%. The total
percentage for contingent beneficiary, if applicable, must total 100%. I understand that I can change my beneficiary designation at any time by contacting Voya Financial <sup>®</sup> at (800) 584-6001 or clicking on the Log In button from <u>https://SanJose.beready2retire.com</u> .									
voya Fii		Complete Legal Name, Address and			Relationship	<u>ssn</u>	Date	of Birth	%
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	EMPLOY	<b>EE AGREEMENT TO PAR</b>	ГІСІРАТІ	E IN CIT	Y OF SAN JO	SÉ DEFERRED COI	MPENS	SATION P	LAN
<ul> <li>employees. 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:         <ol> <li>I elect to participate in the Plan and agree to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code).</li> <li>I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code.</li> <li>I agree that the elections indicated here will remain in effect until later changed or revoked by me or my contributions during any year reach the maximum dollar amount allowed under the Plan and Code. If the later occurs, my salary reduction will automatically stop.</li> <li>I understand I am electing to utilize the City of San José EZ Enrollment / Participation process and will have contributions to the Plan invested in the default fund identified below, which has been designated by the Employer. I understand that neither the principal nor interest is guaranteed, I assume the risk of investment performance and that my account balance will fluctuate daily. I further understand that my investment allocations may be changed at any time and am encouraged to contact a Voya representative for personal assistance. TO TRANSFER/CHANGE INVESTMENTS CALL: 800.584.6001 or VISIT <a href="https://SanJose.beready2retire.com">https://SanJose.beready2retire.com</a>.</li> </ol></li></ul> <li>Your Date of Birth Prior to 1947</li>									
		en 01/01/1947 and 12/31/1951	791	Vanguar	d Target Retirem	ent 2015 Fund - Investor	Shares		
		en 01/01/1952 and 12/31/1956	1296	-	-	ent 2020 Fund - Investor			
		n 01/01/1957 and 12/31/1961	926			ent 2025 Fund - Investor			
		en 01/01/1962 and 12/31/1966	1297			ent 2030 Fund - Investor			
		n 01/01/1967 and 12/31/1971 n 01/01/1972 and 12/31/1976	793 1298			ent 2035 Fund - Investor ent 2040 Fund - Investor			
		en 01/01/1972 and 12/31/1970	794			ent 2045 Fund - Investor			
		en 01/01/1982 and 12/31/1986	1299			ent 2050 Fund - Investor			_
		en 01/01/1987 and 12/31/1991	2473			ent 2055 Fund - Investor			
		en 01/01/1992 and 12/31/1996	3447			ent 2060 Fund - Investor			—
	After 0	1/01/1997	8995	Vanguar	d Target Retirem	ent 2065 Fund - Investor	Shares		
withdrav Event or understa	val of accumu due to a finar nd the "City o	nation on this form is true, complet lated funds is permitted only upon ncial hardship beyond my control. I of San José Deferred Compensation salary reduction.	the occurrent acknowled	nce of a Q ge I have	ualifying C read and	OMPLETED FORM TO: 200 Ea	Attn: I st Santa	Deferred Con Clara Street San	man Resources mpensation Staff -Tower 4 <sup>th</sup> Floor José, CA 95113 cax: 408.999.0862

San José HR Authorized Signature

Date