

457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature in the 457 Enrollment Kit to ensure you understand the plan's provisions.

Once your enrollment is complete, you will receive a Welcome Letter from ICMA-RC confirming your account information. In addition, you will receive quarterly statements for your account. Please review these items carefully and notify ICMA-RC immediately of any errors.

IMPORTANT NOTE: Please do not delay in submitting this form to your employer. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

- 1. PARTICIPANT INFORMATION Please complete this section carefully. The information will be used to establish your account. If you do not know the employer plan number, it is available from your employer or ICMA-RC's Investor Services at 800-669-7400.
- 2. BENEFICIARY DESIGNATION Print the name, date of birth, relationship to you, Social Security number, and percentage to be received for each of your beneficiaries. The beneficiary relationship options are spouse, non-spouse, trust, and charity. If this form is not signed, the beneficiary designation will not be valid. If a valid form is not on file at the time of your death, benefits will be paid as outlined in your employer's plan document (normally, to your estate).

Beneficiary percentages are invalid if your request omits percentages, included percentages that do not equal 100%, or is expressed with fractions (e.g., 331/3%).

More than three beneficiaries — You are not limited to three primary and three contingent beneficiaries. To designate additional beneficiaries, (1) write "see attached sheet" on the primary and/or contingent beneficiary line(s) under "Name" and (2) attach and sign a separate piece of paper with your name, plan number, Social Security number, and additional beneficiary information.

If none of your primary beneficiaries are living upon your death, your assets will be distributed to your estate unless you have a designated contingent beneficiary.

Note: If a Social Security number is not provided for your beneficiary(ies) and ICMA-RC cannot locate the named beneficiary(ies), the account balance will be paid as outlined in your employer's plan document (normally, to your estate).

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES — If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must generally name your spouse as your beneficiary unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to provide the certification required by this enrollment process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your intended beneficiary(ies). If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the Community Property Spousal Waiver Form. Contact 800-669-7400 for more information and to request the waiver form.

3. CONTRIBUTION AMOUNT — Use this section to specify the percentage and/or dollar amounts you will contribute to the plan. You can change your contribution amount at any time. Your initial contribution election, and any future changes, will be effective as of the first pay period of the calendar month following the date you submit your enrollment (or change) form.

Roth Deferrals — If offered by your plan, you can designate a portion (or all) of your contributions as Roth, which are made on an after-tax basis. These contributions, and associated earnings, can later be withdrawn tax-free if the requirements for a qualified distribution are met.

4. ALLOCATION OF CONTRIBUTIONS - You may either elect Option 1 "Managed Accounts" and have ICMA-RC manage your account for you or Option 2 and select your own investments. Option 1 - You are charged an asset-based fee for the services provided under Managed Accounts. Please read the enclosed ICMA-RC Guided Pathways® Fund Advice and Managed Accounts Investment Advisory Agreement for additional information.

Option 1 — If all requested Managed Accounts information is not provided in Section 4, your assets may be allocated to the default investment selected by your employer until your Managed Accounts enrollment can be completed.

For Your Desired Retirement Age: Enter the year in which you would like to retire. If no age is provided, we will use age 65.

For Your Annual Desired Retirement Income: Enter the total annual dollar amount you wish to receive from all of your retirement income sources. If no dollar amount is provided, the Annual Desired Retirement Income will initially be calculated as 100% of your after-tax salary.

For Your Contributions: Please indicate your annual contribution to this plan either as a percentage of your current salary or as a dollar amount. Please fill in employer contributions only if applicable and note that in most cases, 457 plans do not receive employer contributions.

For Social Security Retirement Benefits: Please indicate whether you expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

For Number of Dependents: You may include up to 10 dependents other than yourself (and your spouse if included) that you currently claim as an exemption on your tax return.

For Your Pension: Please indicate whether you expect to receive Pension payments outside of Social Security or your 457 or 401 Plan retirement accounts. If you select "No" or do not select either box, we will not include Pension information. If you select "Yes" please provide an annual Pension Benefit Amount estimate by selecting one of the two below options,

Option A — Enter the annual benefit amount you expect to receive in retirement in today's dollars, **OR**Option B — Enter the percentage of your salary you expect to receive in retirement.

In addition, Select "Yes" to "Is your pension subject to a cost of living adjustment (COLA)?", if your annual pension benefit will increase after retirement.

If you wish to further personalize your Managed Accounts enrollment, please complete and return the attached Page 2 - Supplemental Managed Accounts Information. This information can also be provided at any time after your initial enrollment. Although this supplemental information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMA-RC provide you with a more personalized level of account management.

Option 2 — Your contributions can be invested in one or more funds available to your plan (your employer may place restrictions on investment in certain funds). Use whole percentages for your allocations (e.g., 50 percent, not 33 \(^1/3\) percent). Do not use fixed dollar amounts. Please read Making Sound Investment Decisions: A Retirement Investment Guide and the appropriate prospectus for full descriptions of the funds. If no allocation instructions are provided, the percentages do not total 100 percent, or the allocation is invalid, assets will be allocated to the default investment selected by your employer until additional instructions are received from you. Review the Notice Regarding Default Investments included in the 457 Plan Enrollment Kit for more information.

PLEASE NOTE: The allocation instructions you provide in Option 2 will affect payroll contributions only. To specify the allocation for any rollover contributions from another eligible retirement plan, please contact ICMA-RC for the appropriate transfer form that will provide instructions on establishing a rollover allocation. In the absence of rollover allocation instructions, incoming rollover assets will be invested in your payroll contribution allocation, or in the default investment selected by your employer if your contribution allocation is not established.

Participants residing in New York State will have their investment allocated according to their payroll contribution allocation, per New York State plan rules.

5. AUTHORIZED SIGNATURES — Once you have completed this form, sign it and submit it to your employer for approval. If this form is faxed (202-682-6439) to ICMA-RC, please do not mail the original.

Note that by signing this form you acknowledge that you agree to the following disclosure:

I have received and read the current VantageTrust Company's Making Sound Investment Decisions: A Retirement Investment Guide and the appropriate prospectus. I understand that ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, ICMA-RC, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

By electing Option 1 "Managed Accounts" in Section 4, you hereby verify that by signing this Enrollment Form you have read and understand: 1) The ICMA-RC Guided Pathways Fund Advice and Managed Accounts Investment Advisory Agreement, dated September 2010 (the "Investment Advisory Agreement"), including the information on Managed Accounts advisory fees; and 2) ICMA-RC's Form ADV Part II, dated 11/19/09. By signing this Enrollment Form, you hereby certify that you agree to all the terms and conditions set forth on the attached Investment Advisory Agreement and that you are also executing the Investment Advisory Agreement as of the date you sign the Enrollment From.

An authorizing signature does not represent an obligation to use the Internet and telephone transfer

Welcome to ICMA-RC!





Authorized Employer Official's Signature

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457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM - PAGE 1 OF 2

3 0	e			State
Social Security Number (for tax-reporting purposes)				Rehire?
	///	/	/	🗖
Full Name of Participant	monin buy	icu monin	buy icui	Check if yes
Lost Mailing Address/Street		First		M.I.
City		State Zip Code		
Job Title:		Email Address:		
Daytime Phone Number	Evening Phone Number	,	Gender	Marital Status
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, ,	1 1	Relationship to You (spouse, non-spouse, trust, or charity)		
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CONTRIBUTION AMOUNT				
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Date



457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM - PAGE 2 OF 2

Supplemental Managed Accounts Information

Only complete and return this page if you selected Managed Accounts (Option 1) in the "Allocation of Contributions" section on Page 1 of this form, and wish to further personalize your enrollment in Managed Accounts.

6. YOUR SPOUSE OR PARTNER INFOR	MATION	
Please read the instructions on Spouse or Partner Name	the back for important information about including	Spouse or Partner information.
Last		Current Annual Salary
/	Male Female Desired Retirement Age:	\$
Your Spouse or Partner's Annual Desired Will your Spouse or Partner receive Soci	Retirement Income (after-tax) \$ (100% of a land Security Retirement Benefits? Yes No	current after-tax salary is recommended)
Spouse or Partner's Pension (A) Age at which Pension Begins (B) Annual Pension Benefit Amount (choo	 se only one): Option #1 : \$ (In today's dollars) you Option #2 :% of your spouse/partner's sal	
(C) Is this Pension subject to a cost of living	ng adjustment (COLA) in retirement? Yes No	
7. OUTSIDE ACCOUNT INFORMATION		
	☐ You or ☐ Your Spouse/Partner ☐ 401(a) ☐ 403(b) ☐ 457 ☐ Traditional IRA ☐ Roth IRA	A 🔲 Taxable Savings 🔲 Taxable Brokerage
Account Name		
Total Account Balance \$	You or your Spouse/Partner Annual Contribution \$ Employer Annual Co Bonds% If no information is provided or the asset allocation will be de Total = 100% 60% US Stocks and 40% Bonds.	ation does
Outside Account 2: Account Owner	You or Your Spouse/Partner	
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8. SIGNATURE		
Participant Signature	Date	

ICMA-RC • Attn. Workflow Management Team • P.O. Box 96220 • Washington, DC 20090-6220 • Toll Free 800-669-7400 • En Español 800-669-8216 • www.icmarc.org • Fax 202-682-6439



SUPPLEMENTAL MANAGED ACCOUNTS INFORMATION INSTRUCTIONS

Only complete and return this page if you selected Managed Accounts (Option 1) in the "Allocation of Contributions" section on Page 1 of this form and wish to further personalize your enrollment in Managed Accounts.

Although this supplemental information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMA-RC provide you with a more personalized level of account management.

Your Spouse or Partner Information provided in Section 6: Including information on your Spouse's or Partner's salary will increase your household retirement income and retirement income goals, which has a direct impact on the advice you will receive. If you elect to include your spouse or partner, it is important that you provide information on his/her Social Security benefits, Pensions, and Outside Accounts.

Social Security Retirement Benefits: Please indicate whether your spouse or partner will expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

Pension:

 Annual Pension Benefit Amount, please choose only one of the two below options:

Option #1 — Enter the annual benefit amount your spouse or partner expects to receive in retirement in today's dollars.

OR

Option #2 — Enter the percentage of salary your spouse or partner expects to receive in retirement.

 Select "Yes" to "Is their pension subject to a cost of living adjustment (COLA)?", if your spouse or partner's annual pension benefit will increase after retirement. Outside Accounts Information provided in Section 7:

- Annual Outside Account contributions will be considered as Pre-Tax for all
 account types except for Roth IRA, Taxable Savings, and Taxable Brokerage
 which will be considered Post-Tax.
 - Please designate the asset allocation for the listed outside accounts. If no asset allocation is provided or if the asset allocation provided does not total 100%, the asset allocation will initially be designated as 60% US Stocks and 40% Bonds.
 - To provide information on more than two outside accounts, (1) write "see attached sheet" in the section and (2) attach and sign a separate piece of paper with your name, plan number, Social Security Number, and additional outside account information.

Once you have completed this page, sign it and submit it to your employer along with Page 1 of the enrollment form.

A confirmation package will be mailed to you following receipt, in good order, of all necessary documentation. This package will confirm your personal and financial information and provide you with your wealth forecast and information on how ICMA-RC will be managing your account.

Please contact our Guided Pathways Team or go online to www.icmarc.org to provide or update your information, including the asset allocation for your outside accounts, at any time after your Managed Accounts enrollment.

Please call our Guided Pathways Team at 800-669-7400 if you have any questions about Managed Accounts or completing this form.