RESET FORM

CITY OF SALEM DEFERRED COMPENSATION PLAN
EZ ENROLLMENT/PARTICIPATION AGREEMENT

☐ 664064 City of Salem
☐ 664080 Salem Housing Authority

PARTICIPANT INFORMATION

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street)

_____
(City) (State) (ZIP Code)

Department Name _____

Social Security # _____ **Employee #** _____

Date of Birth _____

Date of Hire _____

Work Phone ( ) _____

Home Phone ( ) _____

DEFERRAL ELECTION

I request that the City of Salem defer payment from my salary each paycheck as detailed below. Such deferral will continue until I make a change by contacting Voya® Financial at (800) 584-6001 or linking to Account Access from https://salem.beready2retire.com/.

Pre-tax Salary Deferral Amount $ _____ - or- _____ %

Post-tax Roth Deferral Amount $ _____ - or- _____ %

Effective Date: This agreement will be effective the first available pay date of the month following the month this form is completed.

BENEFICIARY DESIGNATION

I designate the following beneficiary or beneficiaries in accordance with the Plan. The total percentage for primary beneficiary must total 100%. The total percentage for contingent beneficiary, if applicable, must total 100%.

Complete Legal Name, Address and Phone#	Relationship	SSN	Date of Birth	Primary	Contingent	%
				☑	☐	
				☐	☐	
				☐	☐	

EMPLOYEE ELECTION TO UTILIZE EZ ENROLLMENT

I have received a packet of information outlining the Deferred Compensation Plan, as well as an enrollment kit which includes information about the contract and investment options. I understand I am electing to utilize the City of Salem EZ Enrollment / Participation process and will have my contributions invested in the default fund identified below, according to my date of birth, which has been designated by the City of Salem. I further understand that I can change my investment allocation at any time by contacting Voya Financial® at (800) 584-6001 or linking to Account Access from https://salem.beready2retire.com/.

Your Date of Birth	Fund #	Fund Name
Prior to 1-1-1947	0795	Vanguard Target Retirement Income
Between 1-1-1948 and 12-31-1952	0791	Vanguard Target Retirement 2015
Between 1-1-1953 and 12-31-1957	1296	Vanguard Target Retirement 2020
Between 1-1-1958 and 12-31-1962	0926	Vanguard Target Retirement 2025
Between 1-1-1963 and 12-31-1967	1297	Vanguard Target Retirement 2030
Between 1-1-1968 and 12-31-1972	0793	Vanguard Target Retirement 2035
Between 1-1-1973 and 12-31-1977	1298	Vanguard Target Retirement 2040
Between 1-1-1978 and 12-31-1982	0794	Vanguard Target Retirement 2045
Between 1-1-1983 and 12-31-1987	1289	Vanguard Target Retirement 2050
Between 1-1-1988 and 12-31-1992	2473	Vanguard Target Retirement 2055
After 12-31-1992	3447	Vanguard Target Retirement 2060

I certify that the information on this form is true, complete and accurate.

Employee's Signature _____ **Date** _____

RETURN COMPLETED FORM TO:

Voya Financial Advisors, Inc.
5331 SW Macadam Avenue
Suite 207
Portland, OR 97239
Phone: 503.937.0363
Toll Free: 800.238.3141
FAX: 503.241.6060

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