COUNTY OF SAN BERNARDINO

457(B) DEFERRED COMPENSATION PLAN PARTICIPATION AGREEMENT AMENDMENT PLAN NUMBER: 666785



Use this form for changes only. For first time enrollment into the Plan contact Voya Financial™ at (909) 748-6468. Please check the appropriate transaction below.

Change In Deferral Amt	50+ / 60-63 Catch-Up	3 Year S	Special Catch-Up	e Cash-Out
PARTICIPANT INFORMATIO	N		Pre-tax Deferral	
Name(Last) Address	(First)	(Middle)	Roth Deferral	(\$ or % per pay period
City	State	ZIP	50+ or 60-63 Catch-Up (<i>Circle one</i>)	- min. \$10 total contribution) (\$ per pay period)
Date of Birth	Dept		3 Year Special Catch-Up	(\$ per pay period)
			Starting Pay Period Employee #	

EMPLOYEE AGREEMENT TO PARTICIPATE IN THE COUNTY OF SAN BERNARDINO 457(B) DEFERRED COMPENSATION PLAN

The County of San Bernardino (the 'employer') has established a Section 457(b) Deferred Compensation Plan (the 'Plan') for the benefit of its employees. The Plan provides that eligible employees 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 employer and employee agree to the following:

- 1. Employee has received a packet of information outlining the terms of the Plan.
- 2. Employer will provide employee with a current copy of the Plan document upon request.
- 3. Employee elects to participate in the Plan and agrees to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code. The maximum amount that may be deferred under the Plan for the current year is the lesser of 100% of compensation or the applicable IRS annual dollar limit, unless the employee is eligible to use one of the catch-up contribution options. Minimum deferral is \$10 total per bi-weekly pay period.
- 4. Employee agrees that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan. This agreement will be effective the first full payroll period of the month following the date this form is received and processed by the Employee Benefits and Services Division or the starting pay period indicated above, if later.

TO TRANSFER/CHANGE INVESTMENTS OR DESIGNATE A BENEFICIARY CALL 1-800-584-6001 OR VISIT <u>www.voyaretirementplans.com/custom/sanbern</u>

CATCH-UP CONTRIBUTION

(If qualified, please check the appropriate option below. Only one option may be selected at any point in time.)

☐ 457(b) 3-YEAR CATCH-UP PROVISION - This option is available only during the three consecutive years prior to, but not including, the year the employee attains Normal Retirement Age under the Plan. Completion of a separate 3-year catch-up form is required before contributions shall commence.

Geven the second second

AGE 60-63 CATCH-UP - This option is available to employees who attain age 60, 61, 62, or 63 by the end of the plan year.

These provisions permit additional contributions within certain IRS limitations. An employee cannot utilize multiple catch-up provisions simultaneously during the same year.

Signature of Employee	Date	Work Phone	Home Phone
RETURN COMPLETED FORM TO: SalarySavings@hr.sbcounty.gov or Interoffice to EBSD-0440	Employee Benefits Auth	orization	Date