MissionSquare RETIREMENT | County of Santa Cruz

COUNTY OF SANTA CRUZ

COUNTY OF SANTA CRUZ Enrollment and Contribution Election Form

Use this form to establish your account and /or make contributions elections for your COUNTY OF SANTA CRUZ 457 Deferred Compensation Plan at MissionSquare Retirement.

I want to: ☐ Enroll / Start My Contributions ☐ Change My Contributions

PERSONAL INFORMATION

EMPLOYER PLAN NAME: COUNTY OF SANTA CRUZ 305886		
SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES	DATE OF BIRTH: MM/DD/YYYY	GENDER: ☐ FEMALE ☐ MALE ☐ OTHER
FULL NAME: LAST, FIRST, MI		MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED
MAILING ADDRESS: STREET CITY STATE ZIP		
MOBILE PHONE NUMBER:	EMAIL ADDRESS:	DATE OF HIRE: MM/DD/YYYY

CONTRIBUTION AMOUNT

I authorize my employer to contribute the amount specified below from my pay each pay period. Your contributions will be maintained based upon the information entered in this form. Contributions will begin as soon as administratively feasible under your plan.

Pre-tax contributions of _____% **OR** $_____ from my pay each pay period.

Roth contributions of _____% **OR** $_____ from my pay each pay period. **Normal**

Contribution Limit (2026): 100% of compensation or $24,500, whichever is less

Consider Ways to Save More:

- Age 50 catch-up contributions (up to $8,000 more than the normal limit. $32,500 maximum)
- 457 Pre-Retirement Catch-up –**SEE PRE-RETIREMENT CONTRIBUTION CATCH-UP FORM**

SIGNATURE

By submitting this form, you understand you are authorizing your plan sponsor to enroll you and/or update your contributions in COUNTY OF SANTA CRUZ 457 Deferred Compensation Plan Plan at MissionSquare Retirement.

Note that upon enrollment your entire account is invested in the Plan's default investment selection until you select your investment allocations. To see information on the default fund for COUNTY OF SANTA CRUZ 457 Deferred Compensation Plan 305886 as well as performance and fees of available investment options go to www.missionsq.org/enroll

Employee Signature: _____ Date: _____

SUBMIT THE COMPLETED FORM TO YOUR EMPLOYER. RETAIN A COPY FOR YOUR RECORDS

HR Approval: _____ Date: _____

Created MSR Account on _____ HR Initials :_____ Confirmation #: _____

COUNTY OF SANTA CRUZ

457 DEFERRED COMPENSATION PLAN ADDENDUM

This Agreement is made by and between the County of Santa Cruz, hereinafter referred to as "Employer" and the undersigned employee, hereinafter referred to as "Participant".

WHEREAS, the Employer has established the "County of Santa Cruz Deferred Compensation Plan", hereinafter referred to as "The Plan" for the benefit of its participants; and

WHEREAS, The Plan provides that any employee of the Employer, subject to the limitations established in The Plan, may elect to join and become a participant in the Plan upon executing and filing with the Employer this Agreement and all other documents specified by the Deferred Compensation Advisory Commission and the Plan Administrator; and

WHEREAS, the Participant desires to become a participant in The Plan.

NOW, THEREFORE, Employer and Participant agree as follows:

1. The Deferred Compensation Plan is subject to change by the Deferred Compensation Advisory Commission and/or the County Board of Supervisors. The Plan Administrator is subject to change by action of the Board of Supervisors.

2. Employer has sole discretion regarding which investment options are available under The Plan. Options made available by Employer are subject to change. Employee participants of The Plan may designate his or her investment out of those options made available by the Employer.

3. Participant understands that this is a long-term investment program and that the ability to withdraw funds is limited if permitted at all, and is subject to the terms, conditions, and restrictions of The Plan Document.

4. Employer, including members of the Deferred Compensation Advisory Commission, is not responsible for the performance or the soundness of the investment options offered under The Plan.

5. Participant agrees that his or her rights under the Deferred Compensation Plan shall be governed by all terms and conditions of the current Plan Document. (A copy of the Plan Document is on file with your payroll clerk and with the County Administrative Office.)

Dated:_____

Employee Number: _____

PARTICIPANT

_____

Printed Name

_____

Signature