

Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.



COUNTY OF SAN BERNARDINO
401(k) DEFINED CONTRIBUTION PLAN
PARTICIPATION AGREEMENT AMENDMENT
PLAN NUMBER: 666786

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

TRADITIONAL **ROTH** **CHANGE IN** **50+** **CHANGE OF** **NAME**
Pre-tax 401(k) **401(k)** **CONTRIBUTION AMOUNT** **CONTRIBUTION** **ADDRESS** **CHANGE**

PARTICIPANT INFORMATION

Name _____ **Pre-tax Contrib. Amt.** _____
(Last) (First) (Middle) (\$ or % per pay period)

Former _____ **Designated Roth Contrib.** _____
Name (Last) (First) (Middle) (\$ or % per pay period)

Address _____ **50+ Contrib. Amt.** _____
(Number & Street) (\$ per pay period)

_____ **Starting Pay Period** _____
(City) (State) (Zip Code)

Date of Birth ____/____/____ **Dept** _____ **Employee #** _____

EMPLOYEE AGREEMENT TO PARTICIPATE IN THE COUNTY OF SAN BERNARDINO
401(k) DEFINED CONTRIBUTION PLAN

Having met the eligibility requirements for participation in the San Bernardino County 401(k) Defined Contribution Plan ('Plan'), I hereby submit the following information with respect to my enrollment. I understand the maximum combined contribution under the Plan for the current year is the lesser of 100% of compensation or the applicable IRS annual dollar amount; whichever is less. This agreement will be effective the first full payroll period 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.

A. PRE-TAX CONTRIBUTION INFORMATION

I authorize the County to deduct \$ or % _____ from each pay warrant as PRE-TAX deferred compensation and contribute it to the Plan on my behalf. I understand that my total contributions for the calendar year may not exceed the lesser of 100% of my compensation or the applicable IRS annual dollar limit.

B. ROTH 401(K) AFTER-TAX CONTRIBUTION INFORMATION

I authorize the County to deduct \$ or % _____ from each pay warrant as designated ROTH 401(k) after-tax contributions and contribute it to the Plan on my behalf. I understand that my total contributions for the calendar year may not exceed the lesser of 100% of my compensation or the applicable IRS annual dollar limit.

C. AFTER-TAX VOLUNTARY CONTRIBUTION INFORMATION (MUST BE APPROVED BY PLAN ADMINISTRATOR)

I authorize the County to deduct \$ or % _____ from each pay warrant as AFTER-TAX voluntary contributions and contribute it to the Plan on my behalf. I understand that I may not contribute more than the IRS Code Section 415(d) limit, reduced by voluntary/employer contributions to any other qualified County plan for the same Plan Year. I also understand that After-tax Voluntary Contributions shall not be eligible for employer matching contributions.

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

SIGNATURE OF EMPLOYEE

DATE

WORK PHONE

HOME PHONE

RETURN COMPLETED FORM TO:
Interoffice to EBSD-0440

EMPLOYEE BENEFITS AUTHORIZATION

DATE