



# 401a Money Purchase Plan Employee Enrollment Form — Page 1

## 1. REQUIRED PERSONAL INFORMATION

Employer Plan Number: 109641      Employer Plan Name: CITY OF FORT SMITH

Social Security Number (for tax-reporting purposes): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Participant: \_\_\_\_\_  
Last First M.I.

Mailing Address/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)      Date Employed/Rehired: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Provide your email to be enrolled in e-Delivery automatically. You will receive email notification when your quarterly statements and transaction confirmations are available online. You may opt out by checking the box below. Email Address (required for e-Delivery): \_\_\_\_\_  No, I do not wish e-Delivery at this time.

Job Title: \_\_\_\_\_  
Preferred Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Gender:  Male  Female Marital Status:  Married  Single  
Area Code

**EMPLOYER USE ONLY** Complete this portion if the participant is rehired. Rehired?  Check if yes  
Date of Initial Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Termination \_\_\_\_/\_\_\_\_/\_\_\_\_ Vesting Percentage \_\_\_\_\_ % Previous Months of Service \_\_\_\_\_

## 2. CONTRIBUTION AMOUNT

I authorize my employer to deduct: (check all that apply)  
 Mandatory pre-tax deferrals of \_\_\_\_\_ % or \$\_\_\_\_\_ from my pay each pay period.

For employer use: The employer will contribute \_\_\_\_\_ % or \$\_\_\_\_\_. The employee will contribute \_\_\_\_\_ % or \$\_\_\_\_\_.

## 3. BENEFICIARY DESIGNATION

- Update and designate additional beneficiaries at any time via Account Access at [www.icmarc.org](http://www.icmarc.org).
- Failure to indicate any percentage or failure to use whole percentages (e.g., enter 33%, not 33.33% or 33 1/3 %) that total 100% for your "Primary" beneficiary(ies) and 100% for your "Contingent" beneficiary(ies) may invalidate your beneficiary designation.
- Check one "Beneficiary Type" and one "Relationship" for each beneficiary. Failure to do so may result in your designation being invalid.
- **Married Participants - Some 401 plans require that you obtain consent from your spouse if you do not designate him/her as the primary beneficiary for 100% of your account. If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must obtain consent from your spouse to designate a nonspouse beneficiary for greater than 50% of the account. Use the Beneficiary Designation Form, available online at [www.icmarc.org/forms](http://www.icmarc.org/forms), if spousal consent is required.**

Beneficiary Type: <input checked="" type="checkbox"/> Primary	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity		
_____	____/____/____	____-____-____	_____% <small>(whole % only)</small>
Name	Date of Birth	Social Security Number	% of Benefit
<hr/>			
Beneficiary Type (Check One): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity		
_____	____/____/____	____-____-____	_____% <small>(whole % only)</small>
Name	Date of Birth	Social Security Number	% of Benefit
<hr/>			
Beneficiary Type (Check One): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity		
_____	____/____/____	____-____-____	_____% <small>(whole % only)</small>
Name	Date of Birth	Social Security Number	% of Benefit



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Employer Plan Number 109641 Social Security Number \_\_\_\_\_ Name (please print) \_\_\_\_\_

Beneficiary Type (Check One):  Primary  Contingent Relationship (Check One):  Spouse  Non-Spouse  Trust\*  Charity

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ % of Benefit \_\_\_\_\_  
(whole % only)

\* **Trust Beneficiaries** - You must submit a copy of your entire trust document with the enrollment form if you desire the beneficiaries of the trust to be treated as designated beneficiaries for the purpose of determining required minimum distributions.

Designate additional beneficiaries online after your account is established, or write "see attached sheet" and attach and sign a separate piece of paper with your name, plan number, Social Security number, and the additional beneficiary information.

## 4. INVESTMENT SELECTION

**Choose only one of the investment selections.** Your selection will determine how contributions to your account will be invested. If no allocation instructions are provided, the percentages do not total 100%, or the allocation instructions are 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 Enrollment Kit for more information. Note: The allocation instructions you provide will apply to payroll contributions only.

**Simplify and diversify with one fund - Please refer to the Investment Options Sheet for a list of funds and codes.**

**Milestone Fund.** Fund Code \_\_\_\_\_ = 100%

**Model Portfolio Fund.** Fund Code \_\_\_\_\_ = 100%

**OR**

**Build your own investment portfolio**

Input the fund codes and allocation percentages (must total 100%) to show how contributions to your account will be invested. A list of funds and codes can be found on the Investment Options Sheet.

**Note: Please use whole percentages only.**

EMPLOYER CONTRIBUTIONS			
Code	Percent	Code	Percent
<b>TOTAL = 100%</b>			

EMPLOYEE CONTRIBUTIONS			
Code	Percent	Code	Percent
<b>TOTAL = 100%</b>			

**OR**

**Ask ICMA-RC to invest and manage your account for you**

**Managed Accounts** - By electing this option, you agree to have your account professionally managed by ICMA-RC. If you elect this option, do not complete Option #2.

Annual Salary: \$ \_\_\_\_\_ Desired Retirement Age: \_\_\_\_\_ Your Annual Desired Retirement Income: \$ \_\_\_\_\_ or \_\_\_\_\_ %  
(100% of current after-tax salary is recommended)

Additional Employer Annual Contribution (if applicable) \_\_\_\_\_ % or \$ \_\_\_\_\_

Will you receive Social Security Retirement Benefits?  Yes  No Annual Social Security Retirement Benefit \$ \_\_\_\_\_ (Please see instructions for further details)

Number of Dependents \_\_\_\_\_

Will you receive Pension payments outside of Social Security or your 457 or 401 Plan retirement accounts?  Yes  No. If you select "Yes" please complete A, B and C below:

(A) Age at which Pension Begins \_\_\_\_\_ (B) Annual Pension Benefit Amount (choose only one) Option A: \$ \_\_\_\_\_ (In today's dollars) you expect to receive in retirement

**Or**

Option B: \_\_\_\_\_ % of your salary you expect to receive in retirement

(C) Is your Pension subject to a cost of living adjustment (COLA) in retirement?  Yes  No



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Employer Plan Number  
109641

Social Security Number  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (please print)  
\_\_\_\_\_

## 5. AUTHORIZED SIGNATURES

Submit this form to your employer promptly to avoid investment delay. If this form is faxed 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 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.

You hereby verify that by signing this Enrollment Form you have read and understand: 1) *ICMA-RC Guided Pathways® Fund Advice and Managed Accounts Investment Advisory Agreement*, dated September 2015 (the "Investment Advisory Agreement"), including the information on Managed Accounts advisory fees and 2) *Part 2A of ICMA-RC's Form ADV for Guided Pathways® and Retirement Readiness Reports Advisory Services*.

By signing this Enrollment Form, you also certify that you agree to all the terms and conditions set forth on the enclosed Investment Advisory Agreement and that you are also executing the Investment Advisory Agreement as of the date you sign this Enrollment Form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Employee ID \_\_\_\_\_  
For Employer Use Only

\_\_\_\_\_  
Authorized Employer Official's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year