



401k Plan Employee Enrollment Form — Page 1

1. REQUIRED PERSONAL INFORMATION

Employer Plan Number: 109145 Employer Plan Name: CITY OF OREM (K)

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/Retired: ____/____/____ (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.
 - Voluntary after-tax deferrals of _____ % or \$ _____ from my pay each pay period.
 - Elective pre-tax deferrals of _____ % or \$ _____ from my pay each pay period.
 - Roth 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.
- 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, if spousal consent is required.

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

Name _____ Date of Birth ____/____/____ Social Security Number _____ % of Benefit _____
(whole % only)

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)



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Employer Plan Number
109145

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 _____
(subtle % only)

Beneficiary Type (Check One): Primary Contingent

Relationship (Check One): Spouse Non-Spouse Trust* Charity

Name _____ Date of Birth ____/____/____ Social Security Number _____ % of Benefit _____
(subtle % 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 go to www.icmarc.org/fundinfo 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. For a list of investment options available to your plan, go to www.icmarc.org/fundinfo.
Note: Please use whole percentages only.

EMPLOYER CONTRIBUTIONS			
Code	Percent	Code	Percent
TOTAL = 100%			

EMPLOYEE CONTRIBUTIONS			
Code	Percent	Code	Percent
TOTAL = 100%			

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.

Participant's Signature

Authorized Employer Official's Signature

____/____/____
Month Day Year

____/____/____
Month Day Year

Employee ID _____
For Employer Use Only