



CITY OF GRESHAM DEFERRED COMPENSATION PLAN EZ ENROLLMENT/PARTICIPATION AGREEMENT

Plan No. 664087

PARTICIPANT INFORMATION

Name _____ (Last) (First) (Middle Initial)			Social Security # _____	
Address _____ (Street)			Date of Birth: _____	
_____ (City)		_____ (State)	Date of Hire _____	
_____ (ZIP Code)			Work Phone _____ () _____	
Department Name _____			Home Phone _____ () _____	

DEFERRAL ELECTION

I request that the City of Gresham defer payment from my salary each paycheck as detailed below. Such deferral will continue until I make a change by contacting Voya® Financial at (800) 584-6001 or linking to Account Access from <https://gresham.beready2retire.com/>.

Pre-tax Salary Deferral Amount \$ _____ - or- _____ %

Post-tax Roth Deferral Amount \$ _____ - or- _____ %

Effective Date: This agreement will be effective the first available pay date of the month following the month this form is completed.

BENEFICIARY DESIGNATION

I designate the following beneficiary or beneficiaries in accordance with the Plan. The total percentage for primary beneficiary must total 100%. The total percentage for contingent beneficiary, if applicable, must total 100%.

Complete Legal Name, Address and Phone#	Relationship	SSN (recommended)	Date of Birth	Primary	Contingent	%
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

EMPLOYEE ELECTION TO UTILIZE EZ ENROLLMENT

I have received a packet of information outlining the Deferred Compensation Plan, as well as an enrollment kit which includes information about the contract and investment options. I understand I am electing to utilize the City of Gresham EZ Enrollment / Participation process and will have my contributions invested in the default fund identified below, according to my date of birth, which has been designated by the City of Gresham. I further understand that I can change my investment allocation at any time by contacting Voya® Financial at (800) 584-6001 or linking to Account Access from <https://gresham.beready2retire.com/>.

Your Date of Birth	Fund #	Fund Name
Prior to 1-1-1947	9220	American Funds 2010 Target Date Retirement Fund® - Class R-4
Between 1-1-1948 and 12-31-1957	9222	American Funds 2020 Target Date Retirement Fund® - Class R-4
Between 1-1-1958 and 12-31-1967	9224	American Funds 2030 Target Date Retirement Fund® - Class R-4
Between 1-1-1968 and 12-31-1977	9226	American Funds 2040 Target Date Retirement Fund® - Class R-4
Between 1-1-1978 and 12-31-1987	9228	American Funds 2050 Target Date Retirement Fund® - Class R-4
After 12-31-1987	9638	American Funds 2060 Target Date Retirement Fund® - Class R-4

I certify that the information on this form is true, complete and accurate.

**RETURN COMPLETED
FORM TO:**

Voya Financial Advisors, Inc.
200 SW Market St., Suite 1700
Portland, OR 97201
Phone: 503.937.0363
TollFree: 800.238.3141
FAX: 503.241.6060

Employee's Signature

Date