PARTICIPATION AGREEMENT FOR THE Town of East Hartford
SECTION 457 DEFERRED COMPENSATION PLAN

☐ NEW PARTICIPANT   ☐ CHANGE IN DEFERRED AMOUNT   ☐ STOP DEFERRALS

NAME (PRINT LAST, FIRST, MI)	SOCIAL SECURITY NO.	DATE OF BIRTH / /	SEX (M/F)
STREET ADDRESS	CITY	STATE	ZIP CODE
DEPARTMENT	WORK TELEPHONE	HOME TELEPHONE	

CONTRIBUTION AMOUNT

Beginning on _____, I wish to participate in the Town of East Hartford Deferred Compensation Plan. I hereby agree to defer compensation each pay period in the amount or percentage designated below (complete one):

$_____ OR _____%

INVESTMENT SELECTION

The compensation deferred is to be directed to the investment provider indicated below, and invested in accordance with my investment designation with that provider (Select one).

☐ ING   ☐ _____

BENEFICIARY   ☐ Initial Designation   ☐ Change of Designation

I wish to designate the following beneficiary (ies) to receive benefits in the event of my death. I understand that each beneficiary eligible to receive benefits will receive an equal share of benefits under the Plan unless otherwise indicated.

Primary Beneficiary (name(s), relationship, address): _____

_____

Contingent Beneficiary (name(s), relationship, address): _____

_____

_____

CATCH-UP ELECTION (Select one only)

A. ☐   **Three Years Prior to Normal Retirement Age**

For purposes of using the catch up provision available for participants for the three years prior to the year of attainment of normal retirement age, I hereby elect a normal retirement age of _____ and elect to use catch up for the calendar year periods beginning January _____ and ending December _____. I understand that this catch-up election may be made only one time and that this catch-up is only available to the extent of any underutilized prior year deferrals.

B. ☐   **Attainment of Age 50**

I have attained or will attain age 50 this year. I elect to use the catch-up provision available for participants age 50 and older.

REQUIRED SIGNATURES

I have read and acknowledge the above provisions and those contained on attachment to this Agreement. I understand that my elections above will remain effective until later changed or revoked.

_____   _____
Participant Signature   *Date*

EMPLOYER USE ONLY

Received by: _____

Date: _____

Date of first deduction: _____