Salary Deferral Agreement Governmental 457(b) Plan



| Kern County Deferred Con | pensation Plan | | | 98424-01 |
|--|---|--|--|---------------------------------|
| Participant Information | | | | |
| Last Name | First Name | MI | Social S | ecurity Number |
| Address - Number & Street | | | E-Mail Address | |
| Addic | ss - Number & Street | 1 | E-IV | ian Address |
| City | State | Zip Code | Mo Day Year | ☐ Female ☐ Male |
| () | () | | Wio Bay I cai | ☐ Married ☐ Unmarried |
| Home Phone | Work Ph | none | Date of Birth | |
| Salary Deferral Agreement | | | | |
| This Agreement shall apply to all coeligible employee. This Agreement su | | | until cancelled, superceded, o | or the employee ceases to be an |
| I understand that I may change the pthe Plan. I also understand that it is n | ercentage of compensation or doll ny responsibility to comply with the | lar amount contribu he Internal Revenue | nted to the Plan only when are Code deferral limits. | nd as allowed under the terms o |
| Payroll Information | | | | |
| Specify one of the following: | | | | |
| ☐ New Enrollment ☐ Restart | ☐ Increase Payroll Deduction | Decrease | Payroll Deduction | op Deductions |
| Specify the following: | | | | |
| ☐ I elect to contribute Governmental 457(b) Deferred Co | % or \$ mpensation Plan until such time : | _ (per pay period as I revoke or ame | d) of my compensation as nd my election. | before-tax contributions to the |
| Payroll Effect | ive Date: Day Year | _ | Date of Hire: | ay Year |
| Deferral agreements must be entered in | · | nonth that the defer | | -, |
| | | | | |
| Division Name | | | Division N | umber |
| Your Consent and Signature | | | | |
| I have completed, understand and a agreements must be entered into pri decreasing my payroll deductions, the made. If I am stopping payroll deduct | or to the first day of the month new deferral amount will take ef | n that the deferral ffect on the first pa | will be made. I also unders | tand that if I am increasing of |
| Participant Signature | | | Date | |
| 1 8 | Participa | ant forward to Plan | Administrator/Trustee | |
| Authorized Signature(s) | | | | |
| Authorized Plan Administrator/Trus | tee Signature | | Date | |
| Authorizeu i ian Aummistrawi/11us | _ | ministrator forward | d to Service Provider at: | |
| | Kern Cou | | a to gervice i toviuer at. | |

1115 Truxton Ave, 2nd Floor Bakersfield, CA 93301-4639 **Phone #:** 1-800-701-8255 **Fax #:** 1-661-868-3409

Web site: www.kern457.com

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