

**PARTICIPATION AGREEMENT FOR THE CITY OF SAN BRUNO
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 City of San Bruno Deferred Compensation Plan. I hereby agree to defer compensation each pay period in the amount or percentage designated below (complete one):

\$ _____ OR _____%

CATCH-UP CONTRIBUTION
Check applicable provision (only one may be selected)

I am using the age 50+ Catch-up Provision (for individuals age 50 and over by the end of the year)
Date of birth _____ (mm/dd/yyyy)

I am using the 457(b) Special Catch-up Provision – Available only during the three consecutive years prior to, but not including, the year you attain Normal Retirement Age under the Plan A 457(b) Plan Catch-up. Election form is required for this option.

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): _____

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

Employer Approval: _____

Date: _____

Date of first deduction: _____