

**PARTICIPATION AGREEMENT
TAX-EXEMPT ORGANIZATION'S 457(b) RETIREMENT PLAN**



1. EMPLOYER/PLAN NAME

Employer/Plan Name _____

2. TYPE OF REQUEST

Initial Deferral Change to Existing Deferral

3. PARTICIPANT INFORMATION

Name (*last, first, middle initial*) _____ SSN/Employee ID _____

Date of Birth (*mm/dd/yyyy*) _____ Date of Hire (*mm/dd/yyyy*) _____

Home Phone _____ Work Phone (*include extension*) _____ Mobile Phone _____

4. DEFERRAL ELECTION

I hereby authorize my Employer to reduce my compensation (*as defined in the 457(b) plan (the Plan)*) by _____ % or \$ _____ and to apply such amount each pay period toward the purchase of the funding vehicle(s) offered by an authorized provider under the Plan. If I am a current employee, I understand that this election applies only to compensation paid or made available no earlier than the first day of the calendar month after the calendar month in which this Agreement is signed. If I am a newly hired employee and the Plan so permits, I understand that this election applies to compensation payable in the calendar month in which I first become an employee if I enter into this Agreement with my Employer on or before the first day in which I perform services for the Employer. I further understand that this Agreement is irrevocable with respect to compensation paid and shall supersede any prior Agreement between my Employer and me under the Plan.

Deferral _____ % or \$ _____ (*per pay period*)

Special 457 Catch Up* _____ % or \$ _____ (*per pay period*)

*The Special 457 Catch Up is available only if permitted under the Plan document. If an employee elects the Special 457 Catch Up, he must be within three years prior to the year in which he will reach Normal Retirement Age (as defined in the Plan) and have not previously contributed up the maximum amount permitted in those prior years. Contact a local Voya Financial™ representative for more information.

I direct my Employer to remit contributions pursuant to this Agreement to the following provider approved under the Plan:

I understand that it is my responsibility to establish an account with my selected provider by completing the required enrollment forms prior to submitting this request.

5. EFFECTIVE DATE

If currently employed by the Employer, the effective Date must be no earlier than the first day of the calendar month following the month in which this Agreement is signed by the employee and Employer and applies only to compensation paid or made available after the calendar month in which the Agreement was signed.

If the employee is a newly hired employee and the Plan so permits, the effective date may be effective as of the first day I become an employee if this Agreement is signed by the Employer and me on or before the first day in which I perform services for the Employer and applies to compensation payable in the calendar month in which I first become an employee.

Pay Period Starting Date (*mm/dd/yyyy*) _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR EMPLOYER. KEEP A COPY FOR YOUR RECORDS.

Note that it may take several payroll cycles for your payroll office to process this agreement.

6. PARTICIPANT AND EMPLOYER SIGNATURES

This Agreement is made between the Participant (as indicated below) and the Employer in conjunction with the Plan. The election(s) indicated above will remain effective until later revoked by the Participant, or a subsequent Agreement is entered into between the Participant and the Employer.

This Participation Agreement replaces and cancels all previous agreements on file.

In signing this form, the Participant acknowledges that the maximum allowable contribution each year to the Plan cannot exceed the limits set forth in Sections 457 of the Internal Revenue Code of 1986, as amended, and that the information provided on this form is complete and accurate, including but not limited to the Participant's prior contribution history concerning employee deferral plans of the Employer.

Employer/Plan Name _____

Authorized Signer Name _____

Authorized Signature _____ Date (mm/dd/yyyy) _____

Title _____

Participant Signature _____ Date (mm/dd/yyyy) _____

Signed in City/Town _____ Signed in State _____