



# Participant Enrollment Agreement Form

## City of Los Angeles Deferred Compensation Plan 98994-01

Congratulations on your decision to enroll! After completing this form, feel free to mail or fax it using the information on page 4. You may also give it directly to your registered representative. This form is separated into five sections:

Section A: General Information

Section B: Contributions

Section C: Investment Selections

Section D: Beneficiary Information

Section E: Participation Agreement and Signature

Please ensure that these sections are completed in their entirety prior to mailing back to Great-West Retirement Services®.

### A. GENERAL INFORMATION

Last Name	First Name	MI
Address		
City	State	ZIP Code
Home Phone	Work Phone	Date of Hire
Social Security Number	DWP Employee ID	Date of Birth
Email Address (optional)		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male		

### B. CONTRIBUTIONS

In addition to electing the dollar amount you'd like to contribute each payday, you must also elect the dollar type: **Pre-Tax** and/or **After-Tax** ("Roth") dollars. Pre-tax means you don't pay tax on contributions, but you pay taxes when you withdraw. Roth means you contribute after-tax dollars, but do not pay taxes when you withdraw if your distribution is qualified.

#### Pre-Tax (Doris Deferred)



- ☐ **Pre-Tax:** I would like to contribute \$\_\_\_\_\_ per pay period of my compensation as a before-tax contribution to the City of Los Angeles Deferred Compensation Plan.

#### After-Tax (Roth Hudson)



- ☐ **Roth Deferral:** I would like to contribute \$\_\_\_\_\_ per pay period of my compensation as an after-tax Roth contribution to the City of Los Angeles Deferred Compensation Plan.

Note: The total of your pre-tax and Roth deferrals cannot exceed the lesser of either 100% of your compensation or a) \$17,500 if you are below age 50, or b) \$23,000 if you are age 50 or older.

Payroll Effective Date: 

Month	Day	Year
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 Payroll Center: ☐ 01 - City   ☐ 02 - DWP

**Please note:** Once you are enrolled in the Plan, you may elect to have your deferrals increase automatically by an amount and at intervals you select.

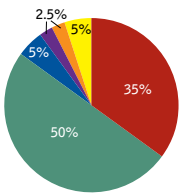
## C. INVESTMENT SELECTIONS

Pick one or more of the investment options below. Then, in the box underneath the investment option write the percentage of your total contribution that you want to allocate to that investment. Make sure that your combined percentages total exactly 100%.

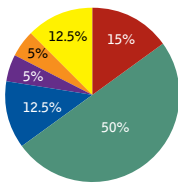
*I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held for less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.*

### PROFILE PORTFOLIOS

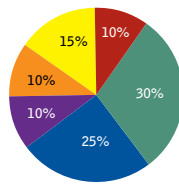
■ DCP Stable Value   
 ■ DCP Bond   
 ■ DCP Large-Cap   
 ■ DCP Mid-Cap   
 ■ DCP Small-Cap   
 ■ DCP International



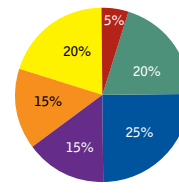
Ultra-Conservative  
Profile Portfolio  
CLAUCN

 %


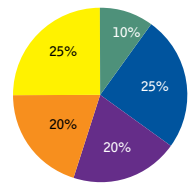
Conservative  
Profile Portfolio  
CLACON

 %


Moderate  
Profile Portfolio  
CLAMOD

 %


Aggressive  
Profile Portfolio  
CLAAGG

 %


Ultra-Aggressive  
Profile Portfolio  
CLAUAG

 %

### SAVINGS OPTIONS

Deferred  
Compensation  
Stable Value Fund  
GD-SV

 %

FDIC-Insured  
Savings Account  
CLAFDI

 %

### STOCK/BOND FUND INVESTMENT CHOICES

#### Bonds

DCP Bond Fund ..... CLABND  %

#### Large-Company Stocks

DCP Large-Cap Stock Fund..... CLALCF  %

#### Mid-Company Stocks

DCP Mid-Cap Stock Fund ..... CLAMCF  %

#### Small-Company Stocks

SSgA Russell Small Cap Index NL Series S..... SVRSCS  %

#### International Company Stocks

DWS EAFE Equity Index Fund - Inst..... BT-EAF  %

Fidelity Diversified International Fund..... FD-DIV  %

**YOU MUST INDICATE WHOLE PERCENTAGES AND THE TOTAL MUST EQUAL 100%**

## D. BENEFICIARY INFORMATION

In accordance with the Plan Document, if a participant is married and elects a primary beneficiary other than a participant's spouse or in addition to a participant's spouse, the spouse must consent by signing the Spousal Consent section. If you are not married now but become married in the future, this Beneficiary Designation will not be valid and the money will be distributed pursuant to the terms of the Plan Document or applicable state law.

If your primary and contingent beneficiaries predecease you or if you fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable state law.

### PRIMARY BENEFICIARY

Person(s) receiving account balance if account holder is deceased

#1	% of Account	Social Security #	Beneficiary Name	Relationship	Date of Birth
#2	% of Account	Social Security #	Beneficiary Name	Relationship	Date of Birth
#3	% of Account	Social Security #	Beneficiary Name	Relationship	Date of Birth
<b>Total: 100%</b>					

### CONTINGENT BENEFICIARY

Person(s) receiving account balance if account holder and all primary beneficiary(ies) are deceased

#1	% of Account	Social Security #	Beneficiary Name	Relationship	Date of Birth
#2	% of Account	Social Security #	Beneficiary Name	Relationship	Date of Birth
<b>Total: 100%</b>					

**SPOUSAL CONSENT** Only required if spouse of account holder is not the 100% primary beneficiary. The date your spouse signs below must match the date on which his or her signature was notarized.

I, \_\_\_\_\_ (name of spouse), the spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that by providing such consent I am waiving my right to receive either all (if I am not designated as a primary beneficiary) or a percentage (if I and another person are designated as primary beneficiaries) of the participant's vested account and my right to receive a survivor annuity, which would otherwise be payable to me upon the participant's death.

\_\_\_\_\_  
**Spouse's Signature**

\_\_\_\_\_  
**Date**

### Statement of Notary

**Note: Notary seal must be visible, if applicable.**

State of \_\_\_\_\_)

The consent to this request was subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by \_\_\_\_\_ (name of spouse) who proved to

County of \_\_\_\_\_)

me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

**SEAL**

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

## E. PARTICIPATION AGREEMENT AND SIGNATURE

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the Code) and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** - I understand that by signing and submitting this Participant Enrollment Agreement Form for processing, I am requesting to have investment options established under the Plan as specified in Section C., Investment Selections. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, has been made available to me and I understand the risks of investing.

**Compliance with Plan Document and/or the Code** - I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment Agreement Form is incomplete or is not received by the Service Provider at the address below prior to the receipt of any deposits, I specifically consent to the Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that the monies will be transferred from the default investment option and applied according to the allocations on my Participant Enrollment Agreement Form. I understand that I will not be able to make any changes to my account until my completed Participant Enrollment Agreement Form has been received.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After the 90 days, account information shall be deemed accurate and acceptable to me. If I notify the Service Provider of an error after the 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

## YOUR CONSENT AND SIGNATURE

I have completed, understand and agree to all pages of this Participant Enrollment Agreement Form. I understand that the Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury (OFAC). As a result, the Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person.

For more information, please access the OFAC website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

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**Participant Signature**

**Date**

**Participant, forward to Service Provider at:**

Great-West Retirement Services®

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Denver, CO 80217-3764

Phone: (888) 457-9460 | Fax: (866) 745-5766

Website: [www.cityofla457.com](http://www.cityofla457.com)

The investment options offered effect varying levels and types of risk. Refer to the prospectus and/or disclosure documents for specific risk information before investing. Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers. GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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