



Participant Enrollment 401(k) Plan

County of Los Angeles Savings Plan

98996-03

Participant Information

Last Name			First Name			MI			Social Security Number									
Address - Number & Street									Employee Number									
City			State			Zip Code			E-Mail Address									
()			()						Mo		Day		Year		<input type="checkbox"/> Female		<input type="checkbox"/> Male	
Home Phone			Work Phone						Date of Birth				<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried			

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit www.countyla.com for fast and easy enrollment in our Online File Cabinet service.

Contribution Information

You are eligible to contribute 1% - 100% of your Annual Eligible Earnings. To support your efforts to save for retirement, the County will match your contributions dollar for dollar up to 4% of your eligible earnings, as defined by the Plan. To receive the entire match, you must contribute a dollar amount equal to or higher than the dollar amount that is equivalent to 4% of your Compensation, as defined by the Plan.

- I elect to contribute _____% (per pay period) of my compensation as **before-tax** contributions to the 401(k) Plan until such time as I revoke or amend my election.
- I elect to make a **voluntary after-tax** contribution of _____% (per pay period) of my compensation to the 401(k) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____ **01** _____
Mo Day Year

Date of Hire: _____
Mo Day Year

Contribution Election - check applicable box

Initial Election

- High Contribution Limit Based Annual Federal Limits (Default Limit)** - I authorize the County of Los Angeles to apply separate annual contribution limits according to the Federal Limits. For example, during 2016, the Savings Plan annual limit will be \$18,000.00 of personal contributions and the Horizon Plan will have a separate annual limit of \$18,000.00 composed of personal and matching contributions. Participants age 50 and over may be eligible to contribute up to \$24,000 to each Plan.

Or

- Low (\$8,500.00) Contribution Limit** - I authorize the County of Los Angeles to limit my contributions to \$8,500.00. This limit consists of my personal contributions to the Savings Plan and personal and matching contributions to the Horizons Plan.

Investment Option Information (applies to all contributions) - Please refer to the materials on the participant website at www.countyla.com for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held 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 at www.countyla.com for more information.

INVESTMENT OPTION

NAME	TICKER CODE	%
Savings 2010 Target Date Fund.....	N/A LCS010	_____
Savings 2015 Target Date Fund.....	N/A LCS015	_____
Savings 2020 Target Date Fund.....	N/A LCS020	_____
Savings 2025 Target Date Fund.....	N/A LCS025	_____
Savings 2030 Target Date Fund.....	N/A LCS030	_____

INVESTMENT OPTION

NAME	TICKER CODE	%
Savings Retirement Income Fund.....	N/A LCSINC	_____
Savings Non-U.S. Equity Fund.....	N/A LCSINT	_____
Savings Small Cap Equity Fund.....	N/A LCSSMC	_____
Savings Mid Cap Equity Fund.....	N/A LCSMID	_____
Savings Large Cap Equity Fund.....	N/A LCSLRG	_____

Last Name

First Name

M.I.

Social Security Number

INVESTMENT OPTION

INVESTMENT OPTION

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>	<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
Savings 2035 Target Date Fund.....	N/A	LCS035	Savings Balanced Fund.....	N/A	LCSBAL
Savings 2040 Target Date Fund.....	N/A	LCS040	Savings Bond Fund.....	N/A	LCSBND
Savings 2045 Target Date Fund.....	N/A	LCS045	Savings Inflation Protection Fund.....	N/A	LCSTIP
Savings 2050 Target Date Fund.....	N/A	LCS050	Bank Depository Fund.....	N/A	CNBLAC
Savings 2055 Target Date Fund.....	N/A	LCS055	Savings Stable Value Fund.....	N/A	PC-SVF
MUST INDICATE WHOLE PERCENTAGES					= 100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable state law.

This designation supersedes all prior designations for this Plan. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.

A spouse or registered domestic partner is automatically the primary beneficiary of an employee's retirement plan death benefits. If you are married or are in a registered domestic partnership, you may not designate a primary beneficiary other than or in addition to your spouse or registered domestic partner, unless your spouse or registered domestic partner consents by signing below in the presence of a notary. If you are not married or in a registered domestic partnership now, but become married or enter into a registered domestic partnership in the future, your spouse or registered domestic partner will automatically be entitled to their interest in this account from the time of marriage or registration regardless of your beneficiary designation. Designated beneficiaries other than your spouse or registered domestic partner will be entitled to the remainder of the death benefit account as you direct.

Primary Beneficiary

#1	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#2	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#3	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth

Contingent Beneficiary

#1	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#2	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#3	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth

Last Name

First Name

M.I.

Social Security Number

Spousal/Registered Domestic Partner Consent

If you live in California and your notary is required to use the state notary form, the following items must be completed by the notary on the state notary form: the title of the form you are completing, the plan name, the plan number, the document date, the participant's name and participant spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

I hereby voluntarily consent to the participant's beneficiary designation and understand its effect. I understand that by providing such consent I am voluntarily waiving my right to receive benefits which would otherwise be payable to me upon the participant's death.

Spouse's/Domestic Partner's Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

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
) ss. of _____, year _____, by _____ (name of
County of _____) spouse/domestic partner) proved to 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 _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Signature(s) and Consent**Participant Consent**

I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to the Plan and Trust retaining all monies received and allocating them to the default investment option selected by the Plan. Once an account has been established on my behalf, I understand that I must call KeyTalk® or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options for which I have most recently selected. 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 this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days the correction will be only processed from the date of notification forward and not on a retroactive basis. I have completed, understand and agree to all pages of this Participant Enrollment form and Plan Agreement. I hereby authorize the County to reduce my paycheck by the percentage indicated in the payroll information section and to contribute that amount to the Plan on my behalf. I understand that 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, 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 Web site 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.

Participant Signature**Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Service Provider at:
Empower Retirement
PO Box 173856
Denver, CO 80217
Phone #: 1-800-947-0845
Fax #: 1-866-745-5766
Web site: www.countyla.com

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.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

PLAN AGREEMENT

THIS AGREEMENT is between the COUNTY OF LOS ANGELES, a political Subdivision of the State of California (County) and the participating employee (Employee).

The County has established this Plan under Los Angeles County Code, §5.26 et. sq. (Plan) for the benefit of its employees, recognizing that the income tax advantages of this agreement to the Employee constitute a benefit to the County by retaining key personnel in its employment.

NEXT PAYROLL PERIOD INFORMATION

Failure to enter a date of entry in Next Payroll Period under Contribution Information will result in the next permissible date of entry following acceptance of valid receipt of your Participant Enrollment Form.

INVESTMENT FUND INFORMATION

I understand that by signing and submitting this Participation Agreement form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Section of this form. 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 according to the performance of the underlying fund(s), 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, have been made available to me and I understand the risks of investing.

RELEASE FROM LIABILITY

I understand and acknowledge that my selection of investment funds offered by the Plan is my sole responsibility and shall constitute an exercise of control over the assets of my Investment Account under the Plan. By exercising such control, I understand that I am releasing and agreeing, on behalf of myself and my heirs and beneficiaries, to indemnify and hold harmless the County, the Board of Supervisors, the Administrative Committee, the Trustee, any service provider and any agent, office or employee of any of them, from and against any claim, demand, loss, liability, costs or expenses (including reasonable attorneys' fees) caused by or arising out of such exercise of control, including without limitation any diminution in value or losses incurred from such exercise.

COMPLIANCE WITH PLAN DOCUMENT AND/OR CODE

I agree that my employer or Plan Administrator 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 County and Internal Revenue Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or Code. I understand that it is my responsibility for monitoring 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.

WITHDRAWAL RESTRICTION ACKNOWLEDGEMENT

I understand that the Internal Revenue Code and my employer impose restrictions on the withdrawal of funds contributed to and accruing under a §401(k) Plan. I understand that such funds cannot be distributed to me prior to the occurrence of one of the following:

- severance of employment
- financial hardship as defined under present or future IRS regulations, if allowed by Plan; or
- in-service withdrawal as permitted by Plan
- death

VOICE RESPONSE SYSTEM/WEB SITE

As a participant in the County of Los Angeles Plan, you are able to obtain information and make changes to your account 24 hours a day, 7 days a week by accessing our **Voice Response System**, at **1-800-947-0845** and/or the Web site at **www.countyla.com**.

National Service Center hours are between 7:00 a.m. and 5:00 p.m. Pacific Time. Local Service Center hours are between 8:30 a.m. and 5:00 p.m. Pacific Time.

- ◆ Changes to the investment of future contributions are effective the next business day. Note that the allocation on file one business day prior to the monthly contribution date will be used for allocating contributions.
- ◆ Transfer requests received prior to 1:00 p.m. Pacific Time on business days will be completed at the close of that business day. Transfer requests received at or after 1:00 p.m. Pacific Time on business days, anytime on non-business days, or days the market closes early will be initiated at the close of the next business day.

For transactions on the Voice Response System and the Web site, we are required to act on your instructions, and neither Los Angeles County nor the Service Provider will be liable for any investment loss, liability, cost, or expense for implementing any such instructions. The Voice Response System or the Web site will implement instructions only when proper identification is simultaneously provided. This identification could consist of your Social Security number and personal identification number.

This page is for informational purposes only - Do not return with the Participant Enrollment form

EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

B	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)					
<ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 					
33	%	John M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance		Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
33	%	Don M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance		Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
34	%	Michelle L. Doe	Sister	XXX-XX-XXXX	01/06/1957
% of Account Balance		Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date

Example 2: Trust as Beneficiary

B	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)					
<ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 					
100	%	Trust of Jane Doe	Trust	XX-XXXXXXXX	06/30/2015
% of Account Balance		Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date

Example 3: Estate as Beneficiary

B	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)					
<ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 					
100	%	Estate of Anne Doe	Estate		/ /
% of Account Balance		Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date

Example 4: Charity as Beneficiary

B	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)					
<ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 					
100	%	ABC Charity	Charity	XX-XXXXXXXX	/ /
% of Account Balance		Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date