

- Carefully complete all sections of this form in blue or black ink.
- Submit the completed form to your employer to enroll in the MissionSquare Retirement 457 Deferred Compensation Plan.

1 PERSONAL INFORMATION

EMPLOYER PLAN NUMBER: 300318	EMPLOYER PLAN NAME: City of Grand Rapids		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
CLOCK NUMBER:	DATE OF BIRTH: <i>MM/DD/YYYY</i>	PREFERRED PHONE NUMBER:	EMAIL ADDRESS (Optional):
FULL NAME: <i>LAST, FIRST, MI</i>	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		REHIRED? <input type="checkbox"/> CHECK IF YES
MAILING ADDRESS: <i>STREET CITY STATE ZIP</i>		DATE OF HIRE: <i>MM/DD/YYYY</i>	

2 INVESTMENT SELECTION

By submitting this form, you understand you have not chosen an investment option. To select an investment option, log into www.icmarc.org/login once your account is established. If you do not select an investment option, you entire account will be invested in the Plan's default investment selection.

3 CONTRIBUTION ELECTION

Specify the total percentage or dollar amounts you wish to contribute each pay period. Contributions will begin as soon as administratively possible following the month in which this form is submitted.

Pre-tax contributions of _____% **OR** \$_____ from my pay each pay period.

4 BENEFICIARY DESIGNATIONS

Once your account has been established, log in to your account at www.icmarc.org/login to setup your beneficiary designations.

5 SIGNATURES

Sign, date, and submit the completed form to your employer.

Employee Signature: _____ Date: *MM/DD/YYYY* _____

PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.