



# DEFERRED COMPENSATION PLAN PART-TIME, TEMPORARY AND SEASONAL (PTS) ENROLLMENT FORM

**457**  
PTS

Complete this form to open an account with ICMARC by carefully reading the attached instructions and printing legibly in blue or black ink.

## 1. REQUIRED PERSONAL INFORMATION

Employer Plan Number 30 6857      Employer Plan Name Town of Arlington      State MA

Social Security Number (for tax-reporting purposes) \_\_\_\_\_      Date of Birth \_\_\_\_\_      Date Employed/Retired \_\_\_\_\_      Rehire?    
Month / Day / Year      Month / Day / Year      **Check if yes**

Full Name of Participant \_\_\_\_\_      Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address/Street \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip Code \_\_\_\_\_

Job Title: \_\_\_\_\_      Gender:  M  F      Marital Status:  Married  Single

Preferred Phone Number \_\_\_\_\_      Area Code / / \_\_\_\_\_      Email Address: \_\_\_\_\_

## 2. BENEFICIARY DESIGNATION

Please use whole percentages (e.g., 50%, not 33 1/3%) and be sure the percentages total 100% when designating primary and contingent beneficiaries.

Primary Beneficiary(ies): NAME	DATE OF BIRTH	RELATIONSHIP TO YOU (Spouse, non-spouse, trust, or charity)	SOCIAL SECURITY NUMBER (for tax-reporting purposes)	% OF BENEFIT (whole %)
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
				<b>Total = 100%</b>
<b>Contingent Beneficiary(ies), if any:</b>				
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
_____	____/____/____	_____	____-____-____	_____
				<b>Total = 100%</b>

## 5. AUTHORIZED SIGNATURES

I acknowledge that I have read and agreed to the disclosure in the form instructions (see Instruction 5). Submit this form to your employer promptly to avoid investment delay. If this form is faxed to ICMARC, please do not mail the original.

Participant Signature \_\_\_\_\_      Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_      Employee ID \_\_\_\_\_      For Employer Use Only

Authorized Employer Official's Signature \_\_\_\_\_      Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_



## DEFERRED COMPENSATION PLAN PART-TIME, TEMPORARY AND SEASONAL (PTS) ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature to ensure you understand the plan's provisions.

After your account at ICMA-RC has been established, you can make future changes to your account, such as address changes and/or fund transfers, using Account Access ([www.icmarc.org](http://www.icmarc.org)) or by calling Investor Services at 800-669-7400. To change your name, marital status, or beneficiary designation, please use the *Employee Information Change Form* (available online at [www.icmarc.org/forms](http://www.icmarc.org/forms)).

Once your enrollment is complete, you will receive a Welcome Letter from ICMA-RC confirming your account information. In addition, you will receive annual statements for your account. Please review these items carefully and notify ICMA-RC immediately of any errors.

**IMPORTANT NOTE:** Please do not delay in submitting this form to your employer. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

**1. PARTICIPANT INFORMATION** – Please complete this section carefully. The information will be used to establish your account. If you do not know the employer plan number, it is available from your employer or ICMA-RC's Investor Services at 800-669-7400.

**2. BENEFICIARY DESIGNATION** – Print the name, date of birth, relationship to you, Social Security number, and percentage to be received for each of your beneficiaries. The beneficiary relationship options are spouse, non-spouse, trust, and charity. If this form is not signed, the beneficiary designation will not be valid. If a valid form is not on file at the time of your death, benefits will be paid as outlined in your employer's plan document (normally, to your estate).

Beneficiary percentages are invalid if your request omits percentages, included percentages that do not equal 100%, or is expressed with fractions (e.g., 33 1/3%).

For future updates to your beneficiary information, please use the *Employee Information Change Form*, which is available online at [www.icmarc.org/forms](http://www.icmarc.org/forms). Please note that beneficiary information cannot be updated over the phone.

The IRS has certain rules governing the distribution of funds to beneficiaries. These rules are outlined in your employer's plan document and ICMA-RC's Participant and Beneficiary Withdrawal Packets.

If none of your primary beneficiaries are living upon your death, your assets will be distributed to your estate unless you have a designated contingent beneficiary.

**Note:** If a Social Security number is not provided for your beneficiary(ies) and ICMA-RC cannot locate the named beneficiary(ies), the account balance will be paid as outlined in your employer's plan document (normally, to your estate).

### SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES

– If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must generally name your spouse as your beneficiary unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this enrollment process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your intended

beneficiary(ies). If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the *Community Property Spousal Waiver Form*. Contact 800-669-7400 for more information and to request the waiver form.

**3. AMOUNT OF DEFERRAL** – The PTS Plan requires a minimum contribution of 7.5% of your salary per plan year. This 7.5% may be your contribution, your employer's contribution, or a combination of both. Your employer is responsible for determining which part of the total 7.5% is contributed by you and which part is contributed by your employer. IRS regulations allow you to defer the lesser of (1) a dollar limit in effect for that year, or (2) 100% of your gross compensation less any mandatory pre-tax ("picked-up") employee 401 plan contributions. If you are age 50 or older, you may make additional annual catch-up contributions of a dollar limit in effect for that year. In addition, the "Pre-Retirement" catch-up provision allows eligible participants to contribute additional amounts during the three years prior to the calendar year of their declared normal retirement age. Please review the *457 Deferred Compensation Plan Pre-Retirement Form* to determine your eligibility. The packet is available online at [www.icmarc.org/forms](http://www.icmarc.org/forms). For the applicable dollar limits, please go to [www.icmarc.org](http://www.icmarc.org) or contact Investor Services at 800-669-7400. You may increase, decrease, stop, or restart contributions by executing appropriate forms. The change will be effective, if practical, the first pay period of the calendar month commencing after the date the amendment is executed.

**4. ALLOCATION OF CONTRIBUTIONS** – The VantageTrust PLUS Fund is the default investment option.

**PLEASE NOTE:** The allocation instructions you provide will affect payroll contributions only. To specify the allocation for any rollover contributions from another eligible retirement plan, please contact ICMA-RC for the appropriate transfer form that will provide instructions on establishing a rollover allocation. In the absence of rollover allocation instructions, incoming rollover assets will be invested in your payroll contribution allocation, or in the default investment selected by your employer if your contribution allocation is not established.

Participants residing in New York State will have their investment allocated according to their payroll contribution allocation, per New York State plan rules.

**5. AUTHORIZED SIGNATURES** – Once you have completed this form, sign it and submit it to your employer.

Note that by signing this form you acknowledge that you agree to the following disclosure:

I understand that ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, ICMA-RC, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

An authorizing signature does not represent an obligation to use the Internet and telephone transfer feature.

Welcome to ICMA-RC!