

City of Leawood Participation Agreement

Check the appropriate transaction below. Read the reverse side carefully before completing this form. Please type or print clearly in ink.

- | | | | | | |
|--|--|--|---|---|--|
| <input type="checkbox"/> NEW PARTICIPATION (meet w/Voya) | <input type="checkbox"/> INCREASE SALARY REDUCTION | <input type="checkbox"/> DECREASE SALARY REDUCTION | <input type="checkbox"/> SUSPEND SALARY REDUCTION | <input type="checkbox"/> CHANGE BENEFICIARY | <input type="checkbox"/> NAME / ADDRESS CHANGE |
|--|--|--|---|---|--|

PARTICIPANT INFORMATION

Name _____ (Last) (First) (Middle Initial)	Employee # _____
Address _____ (Street)	Social Security # _____
_____ (City) (State) (Zip)	Select Plan
Phone (_____) _____ Home Phone No. Work Phone No.	<input type="checkbox"/> 457 Plan Only <input type="checkbox"/> 401(a) Plan Only
	<input type="checkbox"/> Both 457 and 401(a) Plans

DEFERRAL ELECTION

Salary Reduction Amount - (Pre-tax)	\$ _____ or _____ % per pay period	If applicable, include amount of catch-up and complete Catch-up Contribution section below. Subject to \$300 minimum per year.
Roth Reduction Amount - (Aftertax)	\$ _____ or _____ % per pay period	
Final Salary Reduction Amount Contribution will be pre-tax unless specified as a Roth amount	\$ _____	Reduce my contribution to \$0 with the pay period following my Final Salary Reduction.
Lump Sum Reduction Amount	Step 1: Increase my Salary Reduction Amount to the amount indicated for a single pay period; <u>then</u>	\$ _____ or _____ %
	Step 2: Decrease my Salary Reduction Amount back to the amount indicated for subsequent pay periods.	\$ _____ or _____ %

Effective Date: This agreement will be effective the later of the first available pay date of the month following the month this form is completed (unless for accumulated pay), or the pay date indicated to the right. Note: If you are stopping your payroll deduction, your election will be effective the first available pay date following receipt of this form.

CATCH-UP CONTRIBUTION

Check below, if you wish to make catch-up contributions as permitted under the Plan. Only one option may be selected during the same year.

SPECIAL SECTION 457(b) CATCH-UP PROVISION – This option is available only during the three consecutive years prior to, but not including, the year the employee attains Normal Retirement Age under the Plan. A 457(b) Plan Catch-up Election form is required for this option. For this form and further information, contact your local Voya representative. Calendar year to begin _____ Calendar year to end _____

AGE 50+ CATCH-UP PROVISION – This option is available to employees age 50 and over by the end of the year. Year of birth _____

The participant cannot use both the special section 457(b) catch-up provision and the age 50+ catch-up provision during the same year. The participant must choose the option most beneficial to him or her.

BENEFICIARY DESIGNATION

I designate the following beneficiary or beneficiaries in accordance with the Plan. The total percentage for primary beneficiary must total 100%. The total percentage for contingent beneficiary, if applicable, must total 100%. You may include a separate sheet for additional beneficiaries, however, please note that on this form.

Complete Legal Name	Relationship	Primary	Contingent	%
		<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

I certify that the information on this form is true, complete and accurate. I understand that early withdrawal of accumulated funds is permitted only upon termination of employment or due to a financial hardship beyond my control. I acknowledge I have read and understand the "Employee Agreement to

RETURN
COMPLETED FORM
TO:

Human Resources

Participate in the City of Leawood Plan on the reverse side and I hereby authorize this salary reduction.

Fax: 913-661-7005

Signature

Date

PARTICIPATION AGREEMENT (Continued)**EMPLOYEE AGREEMENT TO PARTICIPATE IN THE CITY OF LEAWOOD DC PLAN**

Leawood established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (Plan) for the benefit of its employees. The Plan provides that eligible individuals may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Participation Agreement with the Employer.

The employee acknowledges the following:

1. I elect to participate in the Plan and agree to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code).
2. I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code.
3. **I understand that early withdrawal of accumulated funds is permitted only upon termination of employment or due to a financial hardship beyond my control.**
4. I agree that the elections indicated on the reverse side will remain in effect until later changed or revoked by me or my contributions during any year reach the maximum dollar amount allowed under the Plan and Code. If the later occurs, my salary reduction will automatically stop.

ACCUMULATED PAY DEFERRAL

As permitted under the Plan, you may elect to defer vacation or pay due you when you end employment with the Employer. This option is available only if this form is completed no later than the month immediately preceding your retirement or severance-from-employment, unless such accumulated compensation is payable to you within 2 ½ months from the date you end employment, in which case, this form must be completed no later than the date when such compensation would have been payable to you, even if the form is completed in the same month. This deferral election is subject to the maximum deferral amounts provided under the Plan and Code.

NAME CHANGES

Legal documentation is required for proof of a change to your name. Accepted forms of documentation showing your new name include a marriage certificate, birth certificate, driver's license or a social security card. Attach a photocopy of one form of documentation to this form. City of Leawood requires a copy of your social security record to change names on your employment file.