

BENTON COUNTY Enrollment and Contribution Election Form

Use this form to establish your account and /or make contributions elections for your BENTON COUNTY 457 Deferred Compensation Plan at MissionSquare Retirement.

I want to: Enroll / Start My Contributions Change My Contributions

PERSONAL INFORMATION

EMPLOYER PLAN NAME: BENTON COUNTY 302167		
SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES	DATE OF BIRTH: MM/DD/YYYY	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER
FULL NAME: LAST, FIRST, MI		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
MAILING ADDRESS:		
STREET	CITY	STATE ZIP
MOBILE PHONE NUMBER:	EMAIL ADDRESS:	DATE OF HIRE: MM/DD/YYYY

CONTRIBUTION AMOUNT

I authorize my employer to contribute the amount specified below from my pay each pay period. Your contributions will be maintained based upon the information entered in this form. Contributions will begin as soon as administratively feasible under your plan.

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

Roth contributions of _____% **OR** \$_____ from my pay each pay period.

Normal Contribution Limit (2026): 100% of compensation or \$24,500, whichever is less

Consider Ways to Save More:

- Age 50 catch-up contributions (up to \$8,000 more than the normal limit. \$32,500 maximum)
- Age 60-63 "Super Catch-Up" (if offered by your employer up to \$11,250 more than the normal limit. \$35,750 maximum)
- 457 Pre-Retirement Catch-up –**SEE PRE-RETIREMENT CONTRIBUTION CATCH-UP FORM**

SIGNATURE

By submitting this form, you understand you are authorizing your plan sponsor to enroll you and/or update your contributions in BENTON COUNTY 457 Deferred Compensation Plan Plan at MissionSquare Retirement.

Note that upon enrollment your entire account is invested in the Plan’s default investment selection until you select your investment allocations. To see information on the default fund for BENTON COUNTY 457 Deferred Compensation Plan 302167 as well as performance and fees of available investment options go to www.missionsq.org/enroll

Employee Signature: _____ Date: _____

SUBMIT THE COMPLETED FORM TO YOUR EMPLOYER. RETAIN A COPY FOR YOUR RECORDS

Designations of beneficiaries and survivors are distinct to each account. If you have more than one account at MissionSquare, you must complete a form for each account.

1 PERSONAL INFORMATION

EMPLOYER PLAN NUMBER: 302167	EMPLOYER PLAN NAME: Benton County	STATE: WA
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: <i>MM/DD/YYYY</i>	MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
FULL NAME: <i>LAST, FIRST, MI</i>		

2A BENEFICIARY DESIGNATION

Your Primary beneficiary(ies) must total 100%, and your Contingent beneficiary(ies), if applicable, must also total 100%.
Check one Beneficiary Type and one Relationship for each beneficiary. Failure to do so may result in your designation being invalid.

***Trust Beneficiaries** – You must submit a copy of your entire trust document if you desire the beneficiaries of the trust to be treated as designated beneficiaries for the purpose of determining Required Minimum Distributions.

BENEFICIARY TYPE: <input checked="" type="checkbox"/> PRIMARY	RELATIONSHIP: <i>CHECK ONE</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY
FULL NAME: <i>LAST, FIRST, MI</i>	DATE OF BIRTH: <i>MM/DD/YYYY</i> SOCIAL SECURITY NUMBER: % OF BENEFIT: <i>WHOLE% ONLY</i>
BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	RELATIONSHIP: <i>CHECK ONE</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY
FULL NAME: <i>LAST, FIRST, MI</i>	DATE OF BIRTH: <i>MM/DD/YYYY</i> SOCIAL SECURITY NUMBER: % OF BENEFIT: <i>WHOLE% ONLY</i>
BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	RELATIONSHIP: <i>CHECK ONE</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY
FULL NAME: <i>LAST, FIRST, MI</i>	DATE OF BIRTH: <i>MM/DD/YYYY</i> SOCIAL SECURITY NUMBER: % OF BENEFIT: <i>WHOLE% ONLY</i>
BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	RELATIONSHIP: <i>CHECK ONE</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY
FULL NAME: <i>LAST, FIRST, MI</i>	DATE OF BIRTH: <i>MM/DD/YYYY</i> SOCIAL SECURITY NUMBER: % OF BENEFIT: <i>WHOLE% ONLY</i>
BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	RELATIONSHIP: <i>CHECK ONE</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY
FULL NAME: <i>LAST, FIRST, MI</i>	DATE OF BIRTH: <i>MM/DD/YYYY</i> SOCIAL SECURITY NUMBER: % OF BENEFIT: <i>WHOLE% ONLY</i>

Additional beneficiary information on attached sheet

2B SURVIVOR INFORMATION (FOR RHS PLANS ONLY)

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH: <i>MM/DD/YYYY</i>
SPOUSE		
DEPENDENT		
DEPENDENT		
DEPENDENT		
DEPENDENT		

Additional survivor information on attached sheet

3 PARTICIPANT SIGNATURE

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



Shirley Brost your **local retirement specialist** is available to assist with questions you may have about completing MissionSquare forms and can be reached at **(202) 759-7025**.

For **urgent inquiries**, please contact our **Investor Services Department** at **800-669-7400**. To bypass the automated system, simply say "**Customer Service**" instead of entering your Social Security number or PIN.

Once your form is completed, you can submit it in one of the following ways:

- **Online:** Log in at www.missionsq.org, click **View Account**, then use the **Action Button** or **Quick Links** to access **Secure Messaging**.
- **Mail:** Send to MissionSquare Plan Services,
PO Box 219320, Kansas City, MO 64121-9320
- **Fax:** Send to **844-677-3297**

Please note: Your local retirement specialist does **not process paperwork**—all processing is handled by our Home Office. If you have additional questions, feel free to reach out. I'm happy to help!

If is recommended that you keep a copy of your form.