Welcome to Santa Cruz County!

We are pleased that you have chosen to join us in working for the residents of our community.

One of the benefits available to all County employees is a 457 Deferred Compensation Plan. This federal program allows you to supplement your Social Security and County retirement benefits by setting aside a portion of your salary every pay period before taxes are deducted. You choose where to invest your money from a wide range of investment options to meet your financial goals. You can contribute as little as $10 per pay period, and you can increase that any time. You won’t pay taxes on the portion you’ve set aside until you withdraw the funds.

The plan is portable, your contributions can be rolled into another qualified retirement plan if you leave the County and nothing in the account is forfeited in the event of your death. Your designated beneficiaries receive the remaining funds.

The single most important factor in the amount of money in your deferred compensation fund when you retire is how long you contributed, so it is important to get started as early as you can.

The Deferred Compensation Advisory Commission oversees the program for the benefit of County employees. The Commission includes representatives of three employee bargaining units and several County departments. Our goal is to provide an excellent program and to encourage all County employees to participate.

Please visit www.icmarc.org/santacruzca to schedule an appointment with Ray Ortiz, our ICMA-RC Retirement Plans Specialist or call 888-883-8571 or email rortiz@icmarc.org.

Get started in saving for retirement!

The Deferred Compensation Advisory Commission Members

Laura Bowers (Chair)
Auditor-Controller’s Office

Enrique Sahagun
Personnel Department

Jacob Ainsworth
Sheriff Department

Rita Sanchez
County Administrative Office

Heather Viola
General Representation

Kathy Samms
Mid-Management Association

Janinda Gunawardene
Office of County Counsel

David Zweig
Treasurer-Tax Collector’s Office

Per1026 (12/2020)
Enrolling in the County of Santa Cruz 457 Deferred Compensation Plan is the first step to saving for a secure retirement. Please follow the steps shown below to complete the enrollment process.

1. **Tell us about yourself!**
2. **Make an election and determine how much you will contribute.** You can change the amount of your contributions at any time, with changes effective the month following your request.
3. **Review your investment options.** The Investment Option Sheet shows the available investments.

### STEP 1: Your Information

**Employer Plan Number:** 305886  
**Employer Name:** County of Santa Cruz  
**State:** CA  
**Deduction Code:**

Social Security Number: __ __ __ __ __ __ __ __ __ __  

**Last Name:** __________________________  
**First Name:** __________________________  
**M.I.:** __________________________

**Mailing Address/Street:** __________________________  
**City:** __________________________  
**State:** __________________________  
**Zip Code:** __________________________

**Date of Birth (mm/dd/yyyy):** __ __ / __ __ / __ __ __ __ __ __

**Email Address:** __________________________

**Date Employed (mm/dd/yyyy):** __ __ / __ __ / __ __ __ __ __ __

**Job Title:** __________________________

**Preferred Phone Number:** ( __ __ __ ) __ __ __ __ __ __ __ __

**Marital Status:**  
[ ] Married  
[ ] Single  
**Gender:**  
[ ] Male  
[ ] Female

**Go Green!** ICMA-RC’s e-Delivery service will send you email notifications when your financial documents (quarterly statements and transaction confirmations) are available online. You will be enrolled in the e-Delivery service automatically, unless you opt out by checking the following box:  
[ ] I do not want e-Delivery at this time.

After you receive your Welcome Letter, log into Account Access to designate your beneficiaries online: [www.icmarc.org/santacruz](http://www.icmarc.org/santacruz)

**Mail, fax, or drop off in person to:**  
County of Santa Cruz Personnel Department Risk Management Division  
701 Ocean Street, Room 510  
Santa Cruz, CA 95060  
Fax: 831-454-2245

### STEP 2: Contributions

I would like to contribute the following pre-tax amount of my pay each pay period:

[ ] 15%  
[ ] 10%  
[ ] 5%  
[ ] Other: ____%  
[ ] $_____

I would like to contribute the following Roth (after-tax) amount of my pay each pay period:

[ ] 15%  
[ ] 10%  
[ ] 5%  
[ ] Other: ____%  
[ ] $_____

I have an account I would like to rollover:

(Please Check)  
[ ] Yes  
[ ] No

### STEP 3: Investment Strategy — Target Date Fund

**Simplified Investor** — Your contributions will be invested in the plan’s target date default investment fund (Vanguard Target Retirement Fund Series) selected by your employer. You have the right to direct the investment of assets in your account to any of the funds offered in your plan. To change the investment of your future contributions, or to allocate assets from the plan’s default fund to other funds available in your plan, you may access your account online at [www.icmarc.org/santacruz](http://www.icmarc.org/santacruz).

If you would like to select other investments and make periodic adjustments as needed or enroll in Managed Accounts, please complete the Standard Enrollment Form that accompanies this kit.

1 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, LLC, 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.

Sign, date, and submit to your employer for approval acknowledging that you have received and read the County of Santa Cruz Deferred Compensation Plan Addendum (Addendum) and agree to the Addendum.

**Employee Signature**

**Date**

**Authorized Employer Official’s Signature**

**Date**

**Print date:** 01/16/2018
This Agreement is made by and between the County of Santa Cruz, hereinafter referred to as "Employer" and the undersigned employee, hereinafter referred to as "Participant".

WHEREAS, the Employer has established the "County of Santa Cruz Deferred Compensation Plan", hereinafter referred to as "The Plan" for the benefit of its participants; and

WHEREAS, The Plan provides that any employee of the Employer, subject to the limitations established in The Plan, may elect to join and become a participant in the Plan upon executing and filing with the Employer this Agreement and all other documents specified by the Deferred Compensation Advisory Commission and the Plan Administrator; and

WHEREAS, the Participant desires to become a participant in The Plan.

NOW, THEREFORE, Employer and Participant agree as follows:

1. The Deferred Compensation Plan is subject to change by the Deferred Compensation Advisory Commission and/or the County Board of Supervisors. The Plan Administrator is subject to change by action of the Board of Supervisors.

2. Employer has sole discretion regarding which investment options are available under The Plan. Options made available by Employer are subject to change. Employee participants of The Plan may designate his or her investment out of those options made available by the Employer.

3. Participant understands that this is a long-term investment program and that the ability to withdraw funds is limited if permitted at all, and is subject to the terms, conditions, and restrictions of The Plan Document.

4. Employer, including members of the Deferred Compensation Advisory Commission, is not responsible for the performance or the soundness of the investment options offered under The Plan.

5. Participant agrees that his or her rights under the Deferred Compensation Plan shall be governed by all terms and conditions of the current Plan Document. (A copy of the Plan Document is on file with your payroll clerk and with the County Administrative Office.)

Dated: ____________________  PARTICIPANT

Employee Number: _________

Printed Name

_________________________________________
Signature