



City of Los Angeles Deferred Compensation Plan ENROLLMENT FORM

PARTICIPANT INFORMATION (please print clearly using black ink)

NAME: _____ SSN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____

EMPLOYEE ID: _____ DATE OF BIRTH: ____ / ____ / ____

MARITAL STATUS: MARRIED UNMARRIED GENDER: FEMALE MALE

INSTRUCTIONS

1. Ensure that you're eligible to enroll in the Plan. Eligible employees are those who contribute to one of the City's three pension systems: Los Angeles City Employees' Retirement System (LACERS), Los Angeles Fire and Police Pensions (LAFPP), or Water and Power Employees' Retirement Program (WPERP). Employees who contribute to the Pension Savings Plan (PSP) are not eligible. For assistance determining your eligibility, please call 213-978-1601.
2. Review and complete all sections of this form to enable prompt processing.
3. Employee Contributions elected must be in whole integers.
4. Sign, date and mail your form for processing.
5. In addition to electing the percentage or dollar amount you would like to contribute each pay period, you must also elect the contribution type: before-tax and/or after-tax Roth. Before-tax means you do not pay tax on the contributions, but you pay taxes when you withdraw. After-tax Roth means you pay taxes on what you contribute, but do not pay taxes on any earnings when you withdraw (if your distribution is qualified).
6. Funds may impose redemption fees on certain transfers, redemptions or changes if assets are held for less than the period stated in the fund's prospectus or other disclosure documents.

EMPLOYER INFORMATION

PAYROLL CENTER (select one): 2000 - CITY 1000 - DWP

DEPARTMENT NAME: _____

HIRE DATE: ____ / ____ / ____

EMPLOYEE CONTRIBUTION ELECTION

You may elect to contribute to the City of Los Angeles Deferred Compensation Plan by selecting the contribution type and percentage or dollar amount of your gross salary you want deducted from your wages on a per pay period basis. The total minimum contribution is 1% or \$1.00 for each contribution type. If selecting before-tax and after-tax Roth contributions, the elections must be the same value type, both being percentages or both being dollars.

BEFORE-TAX CONTRIBUTION _____ % or \$ _____

AFTER-TAX ROTH CONTRIBUTION _____ % or \$ _____

NOTE: Total of your before-tax and after-tax Roth contributions cannot exceed the lesser of 100% of your compensation or the maximum 457(b) limits for applicable plan year as indexed by the IRS.

INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)

The Investment Fund Elections selected will apply to your before-tax and after-tax Roth contribution deferral amount(s) selected in the Employee Contribution Election section of this form. The total amount of fund elections must equal 100%.

If you do not designate fund elections or elections do not total 100%, your contribution allocation will default to the FDIC Insured Savings Account.

FUND	BEFORE-TAX	AFTER-TAX ROTH
Ultra Conservative Portfolio	_____ .00%	_____ .00%
Conservative Portfolio	_____ .00%	_____ .00%
Moderate Portfolio	_____ .00%	_____ .00%
Aggressive Portfolio	_____ .00%	_____ .00%
Ultra Aggressive Portfolio	_____ .00%	_____ .00%
FDIC Insured Savings Account	_____ .00%	_____ .00%
Stable Value	_____ .00%	_____ .00%
DCP Bond Fund	_____ .00%	_____ .00%
DCP Large Cap Fund	_____ .00%	_____ .00%
DCP Mid Cap Fund	_____ .00%	_____ .00%
DCP Small Cap Fund	_____ .00%	_____ .00%
DCP international Fund	_____ .00%	_____ .00%
TOTAL	100%	100%

AUTHORIZATION

By signing this form, I authorize the City of Los Angeles Deferred Compensation Plan to reduce my salary by the amounts indicated in the Employee Contribution Election section of this form. I understand if I do not complete the Investment Funds Election section, my contributions will default to the FDIC Insured Savings Account. I also understand that if I am ineligible for this program, my enrollment form will not be processed.

I hereby certify under the pains and penalties of perjury that the information I furnished herein is true, accurate and complete.

SIGNATURE _____ **DATE** ____/____/____

Please submit your completed form to:

VIA FAX:

Voya Financial
Attn: City of Los Angeles
Deferred Compensation Plan
1-844-265-5842

VIA MAIL:

Voya Financial
Attn: City of Los Angeles
Deferred Compensation Plan
P.O. Box 389
Hartford, CT 06141

VIA OVERNIGHT MAIL:

Voya Financial
Attn: City of Los Angeles
Deferred Compensation Plan
One Orange Way
Windsor, CT 06095

If you have any questions or need to obtain additional plan or account information, please go online at LA457.com or call the City of Los Angeles Deferred Compensation Plan Service Center at 1-844-523-2457 (1-844LADC457) (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays). You may also visit the Employee Benefits Division, 200 N Spring Street, Room 867, Los Angeles, CA 90012, or contact a local representative at 1-213-978-1601 for assistance with completing this form. Local office hours are Monday through Friday, 8 A.M. to 4 P.M. Pacific Time.