



JOHNSON COUNTY 457 DEFERRED COMPENSATION PLAN PARTICIPATION AGREEMENT

(Revised 8/30/2006)

Check the appropriate transaction below.

- NEW PARTICIPATION
 RESTART PAYROLL DEDUCTION
 INCREASE PAYROLL DEDUCTION
 DECREASE PAYROLL DEDUCTION
 STOP PAYROLL DEDUCTION

PARTICIPANT INFORMATION

Name _____
 (Last) (First) (Middle Initial)
Address _____
 (Street)

 (City) (State) (ZIP Code)
Phone (_____) _____ (_____) _____
 Home Phone No. Work Phone No.

Social Security # _____
Date of Birth: _____
Date Employed/Rehired: _____
Rehired? Check if yes

DEFERRAL ELECTION

Deferral Amount \$ _____ or _____ % per pay period *Minimum \$10.00 per pay period*
 If applicable, include amount of catch-up and complete Catch-up Contribution section below.
Participant's Final Deferral Amount \$ _____ Complete Accumulated Pay Deferral section below.
Restorative Deferral Amount \$ _____ per pay period Plan Year to which this applies _____
 (for Reemployed Military Personnel only) For information, contact your ING representative
Total Deferral Amount \$ _____ or _____ % per pay period Total of all deferral amounts per pay period. Specified dollar amount required if electing catch-up, accumulated pay and/or restorative deferral options.

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.

EMPLOYEE AGREEMENT TO PARTICIPATE IN JOHNSON COUNTY 457 DEFERRED COMPENSATION PLAN

Johnson County has established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (Plan) for the benefit of its employees. The Plan provides that eligible employees 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 County.

The employee acknowledges the following:

- 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).
- I agree that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan and Code.
- I agree that the elections indicated above 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 payroll deductions will automatically stop.

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 ING 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. **Date 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.

ACCUMULATED PAY DEFERRAL

Check below, if you wish to defer accumulated sick, vacation, or back pay or any other similar forms of accumulated pay which are payable in a lump sum such as premium time earned as permitted under the Plan.

- DEFER ACCUMULATED PAY OPTION** – 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 1/2 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.

I certify that the information on this form is true, complete and accurate.

Participant's Signature

Date

**RETURN COMPLETED
FORM TO:**
 (if faxed, also mail original)

Johnson County, Kansas
 Office of Financial Management
 111 S. Cherry, Suite 2400
 Olathe, KS 66061-3486
 Fax: 913-715-0577