Notification of Change-Deferred Compensation

City of Pasadena Payroll Department Fax: 1-626-744-7125



One on November	Cooled Coorwity November		
Group Number: 150019	Social Security Number:		
City of Pasadena	Department:	Department:	
Participant Name: <i>(Last, First, M.I.)</i> Name Change?			
Mailing Address: New?			
City:	State:	Zip:	
Home Phone: Work F	Phone:	Ext:	
A. CONTRIBUTIONS			
Annual Salary \$			
Decrease Resume + = \$ Suspend To \$ + = \$ I am utilizing the plan's age 50+ catch-up provision. (deferral election is effective. This provision is only available I am utilizing the plan's pre-retirement catch-up provision. My anticipated retirement date is// You may not utilize the age 50+ catch-up in any year	ailable where the plan is sponsored by a ion. My unused deferral limitation is \$ in which the pre-retirement catch-up	Bi-Weekly = 26 Semi-Monthly = 24 Weekly = 52 Other: of the calendar year in which this governmental employer.) provision applies to you.	
B. CHANGE OF BENEFICIARY I designate the following	person(s) as my beneficiary(ies) und	ler the Plan.	
See page 2 for examples.	Deletionalia	0/	
Primary Beneficiary	Relationship	%	
Contingent Beneficiary	Relationship	%	
C. NOTIFICATION OF ACCEPTANCE – Deferred Compen I hereby agree to defer my right to receive compensatio agree to the provisions contained in my Employer's Defer	n to the extent of the annual contribution rred Compensation Plan.	on noted above. I understand and	
Signed in the State of of	on//	or Hoo Only	
	Plan Sponso	or use Uniy	
Participant Signature	Plan Spons	sor Signature	
Hartford Life Use Only		 ate	
Representative Signature			
1	Date Appro	veu	

Beneficiary Designation

Please complete the Beneficiary Designation **including** name, Social Security number, relationship, and percentage of death benefit (totaling 100%). Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

either

or

Type of Beneficiary:

One Beneficiary

Two or more Primary Beneficiaries, equally among the survivors

Two or more Primary Beneficiaries, with their share to their children

Primary and Contingent Beneficiaries

, ,

Participant's Estate

Trustee

Examples of Designations:

Jane Doe, wife, 100%

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

or equally among the survivors

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

per stirpes

Primary: Jane Doe, wife, 100% if living;

Contingent: John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

equally among the survivors

per stirpes

Participant's Estate

Jane Doe, trustee under trust

agreement* dated...

^{*} Date of the execution of the trust agreement or a copy of the trust agreement **must** be provided.