

PARTICIPATION AGREEMENT FOR SECTION 457 DEFERRED COMPENSATION PLAN

NAME (PRINT LAST, FIRST, MI)		SOCIAL SECURITY NO.		DATE OF BIRTH	
STREET ADDRESS		CITY		STATE	ZIP CODE
DEPARTMENT		WK. PHONE		HOME PHONE	
EMPLOYEE NUMBER					
CONTRIBUTION AMOUNT I wish to participate in the _____ Deferred Compensation Plan. I hereby agree to defer compensation each pay period in the amount of \$_____ Pre-tax / This is to be effective on pay date _____.					
INVESTMENT SELECTION The compensation deferred is to be directed to Voya Life Insurance and Annuity Company and invested in accordance with my investment designation with that provider.					
BENEFICIARY I wish to designate the following beneficiary(ies) to receive benefits in the event of my death. I understand that each beneficiary eligible to receive benefits will receive an equal share of benefits under the Plan unless otherwise indicated. <i>Primary Beneficiary(ies) & relationship to participant :</i> <i>Contingent Beneficiary(ies) & relationship to participant:</i>					
CATCH-UP ELECTION Three Years Prior to Normal Retirement Age For purposes of using the catch up provision available for participants for the three years prior to the year of attainment of normal retirement age, I hereby elect a normal retirement age of _____ and elect to use catch up for the calendar year periods beginning January _____ and ending December _____ understand that this catch-up election may be made only one time and that this catch-up is only available to the extent of any underutilized prior year deferrals.					

REQUIRED SIGNATURES

I have read and acknowledge the above provisions and those contained in this Agreement. I understand that my elections above will remain effective until later changed or revoked.

Distributions are allowed only upon my retirement, severance from employment, death, or incurring an unforeseeable emergency.

Participant Signature

Date