

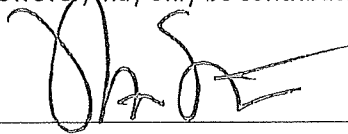
Member Contribution Agreement

Employee Name _____

Full Time Date _____

(Print name)

The County is providing benefits on the 1/80 Class Basis and your membership will be in that Class. The County Pension Law, Act 96 of 1971 as amended, **requires you to contribute a minimum of 7%** of your salary, which will be credited to your individual member account. You also have the privilege of contributing up to an additional ten (10) percent of your salary on a voluntary basis for a total of seventeen (17) percent. If the Retirement Board has so designated, the required member contribution will be considered "Pickup contributions" in accordance with IRC Section 414 (h)(2) and will not be subject to Federal Income Taxes in the year the contributions were made. Rather, taxation will be deferred until such a time when they are distributed upon termination or retirement from County service. The voluntary contributions, however, may only be contributed on an after-tax basis.



Secretary of the Retirement Board

To the Secretary of the Retirement Fund,

I am requesting that my **Total** retirement contribution be _____% of my gross pay. This rate shall be authorized until such a time as I provide the Retirement Board further notice.

(Member's Social security Number)

(Member's Name)

(Date)

(Member's Signature)

MEMBER DATA AND DESIGNATION OF BENEFICIARY

In accordance with the provisions of the County Pension Law, Act No. 96 of 1971 as amended, I hereby nominate:

Primary Beneficiary Designation

****Total Primary Beneficiary Share % must equal 100%***

Full name (Last, First, Middle Initial): _____

Relationship: _____

Date of birth: _____

Address (Street, City, State, Zip): _____

Percentage: _____

Full name (Last, First, Middle Initial): _____

Relationship: _____

Date of birth: _____

Address (Street, City, State, Zip): _____

Percentage: _____

Contingent Beneficiary Designation

****Total Contingent Beneficiary Share % must equal 100%***

Full name (Last, First, Middle Initial): _____

Relationship: _____

Date of birth: _____

Address (Street, City, State, Zip): _____

Percentage: _____

Full name (Last, First, Middle Initial): _____

Relationship: _____

Date of birth: _____

Address (Street, City, State, Zip): _____

Percentage: _____

The person(s) to receive, if living, the amount standing to my credit in the Member's Annuity Reserve Account of the County Employees Retirement System in the event of my death before retirement, or to receive the Death Benefit if applicable.

Name of Member (Employee)

Date of Birth

Sex

Mailing Address (Street, City, Zip)

Social Security Number

Signature of Member (Employee)

Date

Signature of Witness

Date

****If more than one beneficiary is designated it must be made clear how the amount payable to them is to be divided; or, primary beneficiary(ies) may be designated with contingent beneficiary (ies) indicated. The beneficiary designated must be the one who has insurable interest of your estate.***