

TOWN OF ELLINGTON PARTICIPATION AGREEMENT

Governmental 457(b) RETIREMENT PLAN

1. TYPE OF REQUEST

- Initial Deferral Change to Existing Deferral **One time** change to existing deferral

2. PARTICIPANT

Name (last, first, middle initial) _____

3. SALARY REDUCTION ELECTION

I hereby authorize my Employer to reduce my compensation (as defined in the 457(b) plan (the Plan)

by _____ % or \$ _____ per pay period Effective ____/____/____

and to apply such amount each pay period (bi-weekly) toward the purchase of the funding vehicle(s) offered by Voya under the Plan. If I am a current employee, I understand that this election applies only to compensation paid or made available no earlier than the first day of the calendar month after the calendar month in which this Agreement is signed. If I am a newly hired employee and the Plan so permits, I understand that this election applies to compensation payable in the calendar month in which I first become an employee if I enter into this Agreement with my Employer on or before the first day in which I perform services for the Employer. I further understand that this Agreement is irrevocable with respect to compensation paid and shall supersede any prior Agreement between my Employer and me under the Plan.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Pre-Tax 457(b) Deferral | _____ % or \$ _____ (per pay period) |
| <input type="checkbox"/> Roth 457(b) Contribution | _____ % or \$ _____ (per pay period) |
| <input type="checkbox"/> Special 457 Pre-Tax Deferral Catch Up | _____ % or \$ _____ (per pay period) |
| <input type="checkbox"/> Special 457(b) Roth Catch-up | _____ % or \$ _____ (per pay period) |
| <input type="checkbox"/> Pre-tax Age 50+ Catch up | _____ % or \$ _____ (per pay period) |
| <input type="checkbox"/> Roth Age 50+ Catch Up | _____ % or \$ _____ (per pay period) |

*Contact the Voya Financial™ representative for additional information if you have questions:

Maureen Weir, CRPC, Financial Advisor

VOYA Financial Advisors, Inc.

Email: maureen.weir@voyafa.com

Office Phone: 860-580-1623 Cell Phone: 203-942-5387

- I understand that prior to submitting this request, it is my responsibility to establish an account with Voya Financial™
- I direct my employer to remit 457 contributions as indicated to Voya Financial™

Signature _____

Date _____

Please submit completed form to the Finance Office

Note that it may take several payroll cycles for your payroll office to process this agreement.

This Participation Agreement replaces and cancels all previous agreements on file.