

## Enrollment and Contribution Form

Use this worksheet to submit your employee information and/or any applicable contribution information elections to your employer for enrollment in your VILLAGE OF HOFFMAN ESTATES at MissionSquare Retirement.

- I want to:
- Start My Journey: Join my VILLAGE OF HOFFMAN ESTATES
  - Increase My Contributions

### 1. PERSONAL INFORMATION

PLAN SPONSOR NAME: <b>VILLAGE OF HOFFMAN ESTATES 706139</b>			
SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES		DATE OF BIRTH: MM/DD/YYYY	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER
FULL NAME: LAST, FIRST, MI		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
MAILING ADDRESS:			
STREET		CITY	STATE ZIP
MOBILE PHONE NUMBER:	EMAIL ADDRESS:	GO PAPERLESS: <input type="checkbox"/>	

\*Choosing to go paperless means you are asking your employer to opt you into electronic communications to the email address you have designated.

### 2. CONTRIBUTION AMOUNT

I authorize my plan sponsor to contribute the amount specified below from my pay each pay period. Contributions will begin as soon as administratively feasible under your plan.

Roth contributions of \_\_\_\_\_% **OR** \$\_\_\_\_\_ from my pay each pay period.

### 3. INVESTMENT SELECTION

By submitting this form, you understand you are authorizing your plan sponsor to enroll you in the plan without elections. Once your enrollment is processed you may log in to the participant website or mobile app to select your investments. If you do not select an investment option, your entire account will be invested in the Plan's default investment selection.

### 4. BENEFICIARY DESIGNATION

Once your enrollment is processed you may log in to the participant website or mobile app to enter your beneficiary information.

**5. SIGNATURES (SIGN, DATE, AND SUBMIT THE COMPLETED FORM TO YOUR PLAN SPONSOR)**

Employee Signature: \_\_\_\_\_ Date: MM/DD/YYYY \_\_\_\_\_

Authorized Plan Sponsor Official's Signature: \_\_\_\_\_ Date: MM/DD/YYYY \_\_\_\_\_

Authorized Plan Sponsor Official's Name and Title: \_\_\_\_\_ Date: MM/DD/YYYY \_\_\_\_\_

**SUBMIT THE COMPLETED WORKSHEET TO YOUR PLAN SPONSOR. RETAIN A COPY FOR YOUR RECORDS.**

**For Plan Sponsor Use Only:**

Employee ID: \_\_\_\_\_ Hire Date: MM/DD/YYYY \_\_\_\_\_

Rehired? Check if Yes

Rehire Date: MM/DD/YYYY \_\_\_\_\_ Original Hire Date: MM/DD/YYYY \_\_\_\_\_ Leave Date: MM/DD/YYYY \_\_\_\_\_