



# St. Johns County Board of County Commissioners 457(b) Plan Salary reduction agreement

STJC-001

If you need assistance completing this form, please contact your retirement plan representative or the Lincoln Customer Contact Center at 800-234-3500.

## Step A: Participant information

Information provided on this form will be used exclusively for administering your account and sending financial documents and information related to your plan.

Name \_\_\_\_\_ SSN \_\_\_\_\_  
First Middle Last Suffix (i.e., Jr., Sr.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)  Married  Not married Daytime phone \_\_\_\_\_

Date of hire/rehire \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)  Male  Female Evening phone \_\_\_\_\_

## Step B: Decide how much to save

All percentages are required to be whole numbers (i.e., 3%, 5%).

Choose one:

- I elect to contribute this percentage Pretax \_\_\_\_\_%
- I elect to contribute this dollar amount Pretax \$\_\_\_\_\_
- I do not want to contribute through salary deferrals. Please complete the remainder of the form.

## Step C: Employee acknowledgement

By signing this agreement below, you acknowledge and agree to the following:

- The employer will reduce your pay by the amount indicated (in Step B above) per pay period. The employer will send this amount to the provider as contributions.
- The first payroll deduction will take place as soon as administratively possible after we receive this form.
- While employment continues, this agreement legally binds both you and the employer for amounts deferred while it is in effect. A new agreement must be submitted to change your deferral amount.
- This agreement will apply only to amounts not yet currently available to you. It will not apply to any amounts earned after the agreement is terminated.
- If you do not provide investment choices, your contributions will be invested in the default fund chosen by your employer.
- The earliest the deferrals can begin is the calendar month after receipt of this form.

## Step D: Signature

By signing below you certify that you have read, understand and agree to the terms on this form.

Participant signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

**Mail this form to:** Mail this form to: Clerks of Courts Attn. Comptroller's Office, 4010 Lewis Speedway, St Augustine, FL 32084

Or

**Fax this form to:** St. Johns County Board of County Commissioners, at Comptroller's Office-Payroll / fax: 904-819-3697

Mutual funds in the Lincoln Alliance® program are sold by prospectus. An investor should carefully consider the investment objectives, risks, and charges and expenses of the investment company before investing. The prospectus, and if available, the summary prospectus, contains this and other important information and should be read carefully before investing or sending money. Investment values will fluctuate with changes in market conditions, so that upon withdrawal, your investment may be worth more or less than the amount originally invested. Prospectuses for any of the mutual funds in the Lincoln Alliance® program are available at 800-234-3500.

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