

CITY OF PORTLAND Enrollment and Contribution Election Form

Use this form to establish your account a Compensation Plan at MissionSquare Re		contributions elections fo	r your CITY OF PC)rtland 457	Deferred
I want to: Enroll / Start My Co	ontributions	☐ Change My Contrib	outions		
PERSONAL INFORMATION					
EMPLOYER PLAN NAME: CITY OF PORTLAND 300592					
SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES		DATE OF BIRTH: MM/DD/YYYY	GENDER:	LE OTHER	
FULL NAME: LAST, FIRST, MI	•	MARITAL STATUS: MARRIED SIN	IGLE WIDOWED	DIVORCED	
MAILING ADDRESS: STREET		CITY	STA	ATE	ZIP
MOBILE PHONE NUMBER:	EMAIL ADDRESS:		DATE OF HIRE: MM/DD/YYYY		
CONTRIBUTION AMOUNT					
I authorize my employer to contribute will be maintained based upon the inference of the ender your plan.					
Pre-tax contributions of%	OR \$	from my pay each pa	ay period.		
Roth contributions of% C	OR \$	from my pay each pay	period.		
Normal Contribution Limit (2024): 100)% of comper	nsation or \$23,000, whiche	ever is less		
Consider Ways to Save More:					
• Age 50 catch-up contributions (u	ıp to \$7,500 m	nore than the normal limit	:. \$30,500 maximu	m)	
• 457 Pre-Retirement Catch-up – S	EE PRE-RETIF	REMENT CONTRIBUTION	N CATCH-UP FO	RM	
SIGNATURE					
By submitting this form, you understand contributions in CITY OF PORTLAND 45	you are autho 7 Deferred Co	orizing your plan sponsor ompensation Plan Plan at	to enroll you and MissionSquare Re	'or update you etirement.	ır
Note that upon enrollment your entire a investment allocations. To see information 300592 as well as performance and fees	on on the defa	ault fund for CITY OF POI	RTLAND 457 Defe	erred Compens	
Employee Signature:		Date:			

SUBMIT THE COMPLETED FORM TO YOUR EMPLOYER. RETAIN A COPY FOR YOUR RECORDS