Missi*nSquare

Standard Enrollment Form

RETIREMENT

- This form CANNOT be used to open an IRA account and instead go to www.icmarc.org/iraenroll.
- The document is to be used to provide requested information to your employer for entry into their internal HR and Payroll systems.
- This document is for general use for enrolling in employer sponsored retirement plans. This form cannot be used for RHS plans.

1 PERSONAL INFORMATION									
EMPLOYER PLAN NUMBER:	EMPLOYER	PLAN NAM	IE:						
SOCIAL SECURITY NUMBER: FOR TAX REPORTING	DATE OF BIRTH: MM/DD/YYYY DATE EMPLOYED/REHIRED: MM/DD/YYY			RED: MM/DD/YYYY	YY DELUDEDO CONTRACTOR				
FILL NAME					REHIRED? CHECK IF YES				
FULL NAME: LAST, FIRST, MI					GEI	NDER: Female	MALE	MARITAL STATUS: MARRIED SINGLE	
MAILING ADDRESS:									
PREFERRED PHONE NUMBER: EMAIL	ADDRESS:			CITY			STATE	ZIP	
2 ELECTIVE DEFERRALS									
Specify your elective deferral(s) per to you. For plans with mandatory of employer's payroll policies.									
Pre-tax contributions of% OR \$ from my pay each pay period.									
After-Tax contributions of% OR \$ from my p						each pay period.			
Roth contributions of	%	OR	\$	from my pay	each pay perio	od.			
If you are taking advantage of the 457 deferred compensation plan					☐ "Age 50"	catch-up pro	ovision		
3 INVESTMENT SELECTION									
By submitting this form, you undend https://accountaccess.icmarc.org/leanaged Funds option at the top investment selection.	ogin.jsp a	nd selec	t View Account f	rom the down-down	box next to yo	ur plan of ch	ioice and th		
4 BENEFICIARY DESIGNATIO	NS								
Once your account has been estab						in.jsp and se	lect Benefi	ciaries from the	
5 SIGNATURES (SIGN, DATE, AN	ID SUBMI	T THE CO	MPLETED FORM	1 TO YOUR EMPLOYER	R)				
Employee Signature:						Date: мм/dd/үүүү			
Authorized Employer Official's Signature:						Date: MM/DD/YYYY			
Authorized Employer Official's Na	me and Ti	tle:							
Employee ID (For Employer Use Only)):								