CITY AND COUNTY OF BROOMFIELD <u>NEW HIRE POLICE MONEY PURCHASE PLAN</u> NEW ENROLLMENT/RE-ENROLLMENT/BENEFICIARY CHANGE FORM

Account Number: 440480

□ New Participant □ Rehired Participant □ Beneficiary Change □ Enroll In Voluntary Portion					
Section A: Employee Information (Please Print)					
Employee Name:			Social Se	Social Security #:	
Mailing Address:			City:		
State:		Zip Code:		Date of Birth:	
Section B: Voluntary After-tax Contributions					
I agree to contribute a portion of my base salary as an optional Voluntary After-tax Contribution through automatic payroll deduction as instructed below. (Note: Voluntary contributions are not eligible for Employer matching funds and the contribution maximum is set by the IRS Code). Usually Voluntary after-tax employee contributions % OR \$ per pay period. I do not wish to make voluntary after-tax contributions at this time but understand that I may enroll at any					
time.					
Section C: Investment Election					
In order to make your investment selections, you will need to contact Wells Fargo either by telephone (1-800-728-3123 or on-line (http://retirementplan.wellsfargo.com) after you receive your first paycheck. You may also obtain instructions on how to make your investment selections from Human Resources. If you do not contact Wells Fargo to make investment selections, all contributions will be invested in the age-appropriate Wells Fargo Advantage Dow Jones Target Fund. You will be required to have a personal identification number (PIN) in order to access your account information. Your default PIN is your date of birth, mm/dd/yy. Once you have accessed your account, the system will prompt					
you to change your PIN to a number known only to you. Keep this new number in a safe place as you will need it each time you want to access your Wells Fargo account.					
Section D: Beneficiary Designation/Authorization of Mandatory Contributions					
I hereby revoke any Beneficiary Designation I may previously have made under this Plan and designate the following as my Beneficiary(ies) under the Plan.					
Primary Beneficiary(ies):	Social S	ecurity #	Date of Birth	Relationship to Participant	
Secondary Beneficiary(ies):	Social S	ecurity #	Date of Birth	Relationship to Participant	
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Mandatory bi-weekly employee contributions under this program are an amount equal to 10% of my annual basic earnings. Although designated as mandatory contributions, my employer will contribute this amount on my behalf. I authorize my employer to reduce my basic earnings by the amount of each mandatory employee contribution made on my behalf.					
Participant's Signature: Date:					
Employer Use Only: Date Rec'd: Date of Hire/Re-Hire: Effective Date of Enrollment: HP Witness of Signature:					