

DEFERRED COMPENSATION AGREEMENT – 6/2015

This agreement is made by and between MISSOULA COUNTY ("Employer") and _____ ("Participant").

The parties agree to and acknowledge the following:

- A. The Participant confirms that he has received a copy of the Employer's Deferred Compensation Plan and has reviewed and understands all of the terms, provisions and conditions of the Plan, all of which are hereby incorporated into this Agreement.
- B. Commencing _____ (date), the Participant agrees to defer the right to receive compensation in return for the benefits specified in the Plan, and by this Agreement authorizes the Employer to so reduce his compensation as indicated:
- Pre-tax Contributions \$ _____ per two week pay-period
- Post-tax Roth Contributions \$ _____ per two week pay-period
- Check if you are exercising the "catch up" provision of the Plan (sect 2.11(b)) restricted to "the last three (3) taxable years of a Participant ending before the Participant's attainment of normal retirement age..." "Catch up" deferrals must end no later than: _____.
- C. The Participant's benefits under the Plan shall be based upon the amounts credited to the Participant's Account, which shall reflect the Employer's investment of the Participant's Deferred Compensation. For this purpose, the Participant requests that the Employer invest the Participant's Deferred Compensation amounts in accordance with their participation agreement with: _____, the Service Provider.
- D. Retirement Benefits on Severance from Employment. Except as otherwise provided in this Article, a Participant's Account shall become eligible for distribution upon a Participant's Severance from Employment. The distribution of a Participant's Pre-taxed Account shall commence no later than April 1 of the calendar year following the year of the Participant's Retirement or attainment of age 70½, whichever is later. There are no age requirement for the distribution of a Roth Account. Distributions shall be made in accordance with a payment option as determined by the Participant and the Provider.
- E. The Participant will designate Beneficiary(ies) in accordance with Article IV of the Plan at the time of enrollment on the Service Provider's form. Changes in beneficiary designation must be submitted directly to the Service Provider.

Participant Signature: _____ Date: _____

Participant: Name: _____

Social Security Number: _____

Check here if you would like a copy of the Deferred Compensation Plan Document sent to you.

Employer: MISSOULA COUNTY

Effective starting: Pay Period _____ Year: _____

By: _____

Title: _____

DISTRIBUTION: *white - Personnel File* *yellow -Service Provider* *pink – Employee*