



457(B) Enrollment Form

SECTION I – PLAN PARTICIPANT INFORMATION

Participant Name _____ Social Security No. _____

Mailing Address _____ Date of Birth _____

City _____ State _____ ZIP _____ Date of Hire _____

Email Address _____ Phone Number _____

Employer Name _____

SECTION II – DEFERRAL AMOUNT

The amount I elect to defer will be withheld from my paycheck and paid by my employer into the Plan on my behalf. I understand that I may choose to elect to defer amounts to one or both of the Traditional 457(b) and Roth 457(b), or neither.

- Effective _____ I wish to defer _____ % or \$ _____ of my pre-tax compensation each payroll period into the 457(b).
- Effective _____ I wish to defer _____ % or \$ _____ of my roth compensation each payroll period as a Roth contribution into the 457(b).

SECTION III – INVESTMENT DIRECTION

This applies to your initial enrollment. Changes to your investment allocations once you are enrolled in the Plan must be made either via the Participant Service Center at 844-749-9981, or online at www.gmanet.com/NewGMADCDC.

NOTICE TO PARTICIPANT: *The money in your account will automatically be invested into the age appropriate T. Rowe Price Target Date fund, unless you chose otherwise.* You can find information on each investment fund online at <http://www.gmanet.com/Services/Retirement/Defined-Contribution-Deferred-Compensation-Servi.aspx>

- I elect to create a custom portfolio by allocating contributions among the individual mutual funds listed below, (making sure that your allocations total 100%).

<u>Percent</u>	<u>Name of Fund</u>	<u>Percent</u>	<u>Name of Fund</u>
	<u>Asset Allocation</u>		<u>General Bond</u>
_____ %	T. Rowe Price Retirement 2010 Fund TR-F CIT	_____ %	Prudential Total Return Bond Fund
_____ %	T. Rowe Price Retirement 2015 Fund TR-F CIT	_____ %	Vanguard Total Bond Market Index Adm
_____ %	T. Rowe Price Retirement 2020 Fund TR-F CIT		<u>Large Company</u>
_____ %	T. Rowe Price Retirement 2025 Fund TR-F CIT	_____ %	Vanguard Windsor II Fund Admiral Shares
_____ %	T. Rowe Price Retirement 2030 Fund TR-F CIT	_____ %	Vanguard Institutional Index Instl
_____ %	T. Rowe Price Retirement 2035 Fund TR-F CIT	_____ %	T. Rowe Price Large Cap Core Growth
_____ %	T. Rowe Price Retirement 2040 Fund TR-F CIT		<u>Real Asset</u>
_____ %	T. Rowe Price Retirement 2045 Fund TR-F CIT	_____ %	Principal Diversified Real Asset Fund
_____ %	T. Rowe Price Retirement 2050 Fund TR-F CIT		<u>Small-Mid Company</u>
_____ %	T. Rowe Price Retirement 2055 Fund TR-F CIT	_____ %	Eaton Vance Atlanta Capital Smid-Cap
_____ %	T. Rowe Price Retirement 2060 Fund TR-F CIT	_____ %	Vanguard Extended Market Idx Adm
	<u>Stable Value</u>		<u>International</u>
_____ %	Invesco Stable Value Trust B1	_____ %	Vanguard Total Intl Stock Index Instl
		_____ %	Hartford International Opportunities



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SECTION IV – EXPLANATION

Under the terms of the Plan, you may designate a beneficiary (an individual, trust or other entity) to receive amounts remaining in your Plan account at the time of your death.

You can change your beneficiary designation at any time by going online to www.gmanet.com/NewGMADCDC or completing a new beneficiary designation form. The form must be submitted to the Plan Administrator prior to your death or it will not be effective.

If you designate your spouse as your beneficiary and you are subsequently divorced or legally separated from your spouse, the designation will become void as of the date of divorce or legal separation, except to the extent otherwise provided under a qualified domestic relations order, unless you file a new beneficiary designation form naming your separated or ex-spouse as beneficiary.

If you do not designate a beneficiary, or your designated beneficiary and any alternate beneficiary predecease you, the terms of the Plan determine who will receive payment of your Plan account.

SECTION V – DESIGNATION OF BENEFICIARY (Attach Additional Pages if Needed)

A. Primary Beneficiary(ies). I hereby designate the following as my primary beneficiary(ies) under the Plan (total must equal 100%):

_____	_____	_____	_____
Name	Spouse/Non-Spouse	Date of Birth	Percentage

_____	_____	_____	_____
Name	Spouse/Non-Spouse	Date of Birth	Percentage

B. Alternate Beneficiary(ies). If my primary beneficiary(ies) predecease me, I hereby designate the following as my alternate beneficiary(ies) under the Plan (total must equal 100%):

_____	_____	_____	_____
Name	Spouse/Non-Spouse	Date of Birth	Percentage

_____	_____	_____	_____
Name	Spouse/Non-Spouse	Date of Birth	Percentage

_____	_____	_____	_____
Name	Spouse/Non-Spouse	Date of Birth	Percentage

SECTION VI – SIGNATURE

_____	_____/_____/_____
Participant's Signature	Date

Employer Use Only	
_____	_____/_____/_____
Authorized Signature	Date

In the event of a conflict between this form and Federal law or the Plan Documents, Federal law or the Plan Documents will control.



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SECTION VII – ADDITIONAL INFORMATION REGARDING DEFERRALS

Investment Elections. Investment elections for deferrals will default to your investment election as specified in Section IV. Changes to your investment elections, for any contribution source, can be made online at www.gmanet.com/NewGMADCDC.

Frequency. This Salary Reduction Agreement (“Agreement”) applies to compensation (e.g., to each paycheck) paid at least four days after the effective date of the Agreement.

Maximum deferrals/catch-up. My deferrals for any calendar year may not exceed the “402(g) limit”, unless I am age 50 or older (or will attain age 50) during the calendar year in which I defer. If I am or will attain age 50 during the calendar year, I may make additional deferrals, called “catch-up” contributions, in an amount not exceeding the applicable annual catch-up limit. For 2022, the 402(g) limit is \$20,500 and the catch-up limit is \$6,500. My deferrals, including “catch-up” contributions may not exceed 100% of my compensation.

Effective date/term/changes. This Agreement is effective on the date the Plan Administrator accepts it and remains in effect until I change (revoke or modify) it. I may change my Agreement only by providing to the Plan Administrator a new Salary Reduction Agreement. If I enter into a new Agreement subsequent to the date of this Agreement, the subsequent Agreement acts as a revocation of the prior Agreement, except as I specify otherwise in this Agreement.

Investment. My deferral account will be subject to Trust investment gain or loss in accordance with my investment direction.

Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary deferral election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Deferral Agreement. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.