



Participation Agreement

457(b) Deferred Compensation Plan

Voya Financial Advisors, Inc.
 214 Second Avenue N., Suite 2
 Washington Square Bldg-Ground Floor
 Nashville, TN 37201
 Local Office: 615-627-1500
 Fax: 615-244-7182

New Agreement Contribution Rate Change

Please type or print clearly in ink. Voya Retirement Insurance and Annuity Company will be defined as "the Company," "Voya," "we," "us" or "our" in this document.

Information About You <i>Please print</i> <i>Changes to the Social Security No. must be initialed by the Participant.</i>	Employer Name Metropolitan Government of Nashville and Davidson County Employees Deferred Compensation Plan		Billing Group No. VFZ770
	Department Name	Payroll Location Code	
	Participant Name (First, Middle Initial, Last)		Social Security No.
	Resident Address (No. & Street)		PO Box (optional)
	City/Town	State	ZIP
	Home Telephone No. ()	Work Telephone No. ()	
	New Participant Agreement <i>To be completed by new Plan Participants only.</i>	Salary reduction per pay period \$ _____	
Number of pay periods per year x _____			
	Annual Contribution = \$ _____		
	Note: Minimum Contribution is \$240 per year.		
Contribution Rate Change <i>To be completed by existing Plan Participants only.</i>	<input type="checkbox"/> Stop <input type="checkbox"/> Re-Start		
	Please indicate the new amount you wish to have deducted from your salary per pay period: \$ _____		
	Number of pay periods per year: _____		
	New Annual Contribution	= \$ _____	
	Note: Minimum Contribution is \$240 per year.		
Catch-up Contributions <i>Check applicable provision (only one may be selected).</i>	<input type="checkbox"/> I am using the 457(b) Special Catch-up Provision - Available only during the three consecutive years prior to, but not including, the year you attain Normal Retirement Age under the Plan. A 457(b) Plan Catch-up Election form is required for this option. For this form and further information, contact our Voya Financial™ office shown above.		
	<input type="checkbox"/> I am using the age 50+ Catch-up Provision (for individuals age 50 and over by the end of the year) Date of birth: _____ (mm/dd/yyyy)		
	You cannot use both the 457(b) special catch-up provision and the age 50+ catch-up provision during the same year. You need to choose the option most beneficial to you.		
Effective Date	Indicate the effective date of this Agreement. If no date is selected, this Agreement will be effective on the first pay period of the month following completion of this form and processing by your Payroll Office.		
	Date: _____ The effective date indicated can be no earlier than the first pay period of the month following the completion of this form. Note: It may take several payroll cycles for your payroll office to process this change.		
Signature	This Agreement is made between the Participant (<i>as indicated below</i>) and the Employer in conjunction with the Deferred Compensation Plan established and maintained by the Employer. I understand that the elections indicated above will remain effective until later changed or revoked by me (<i>unless I exceed maximum limits allowed under the Internal Revenue Code</i>).		
	Please return this form to the Voya Local Office at the address above. We will forward this form to your payroll office. Your request will not be processed until this form is received by your Payroll Department.		
	Participant Signature		Date (mm/dd/yyyy)
For Internal Use Only	Voya Retirement Insurance and Annuity Company		METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
	Received by	Received by	
	Date Received	Date of First Reduction	