



# Express Enrollment Form

## 457(b) Deferred Compensation Plan

- **THIS FORM IS ONLY TO BE USED BY DC COURTS AND DC HOUSING PARTICIPANTS**
- **VISIT [WWW.DCRETIRE.COM](http://WWW.DCRETIRE.COM) FOR ALL OTHER AGENCIES**

### 1. PERSONAL INFORMATION

Employer Plan Number: **307230** Employer Plan Name: **DC 457(b) Deferred Compensation Plan**

Select your Agency: ☐ **DC COURTS** ☐ **DC HOUSING**

Social Security Number: (For tax reporting purposes) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

Name: \_\_\_\_\_ Last First MI Rehired? ☐ Check if yes

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Date Employed/Rehired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

Gender: ☐ M ☐ F Marital Status: ☐ Married ☐ Single Email: \_\_\_\_\_

### 2. INVESTMENT SELECTION

By submitting this form, you understand you have not chosen an investment option. To select an investment option, log into [www.DCRETIRE.com](http://www.DCRETIRE.com) once your account is established. If you do not select an investment option, your entire account will be invested in the Plan's default investment selection.

### 3. CONTRIBUTION ELECTION

Specify the total percentage or dollar amounts you wish to contribute each pay period. Contributions will begin as soon as administratively possible following the month in which this form is submitted.

Pre-tax contributions of \_\_\_\_\_ % or \$ \_\_\_\_\_ from my pay each pay period.

Roth contributions of \_\_\_\_\_ % or \$ \_\_\_\_\_ from my pay each pay period.

### 4. BENEFICIARY DESIGNATIONS

Once your account has been established, log in to your account at [www.DCRETIRE.com](http://www.DCRETIRE.com) to setup your beneficiary designations.

### 5. SIGNATURES

**Sign, date, and submit the completed form to your employer.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

\_\_\_\_\_  
Authorized Employer Official's Signature

\_\_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

\_\_\_\_\_  
Authorized Employer Official's Name (Please print)

\_\_\_\_\_  
Authorized Employer Official's Title

**PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS**