

## County of Ventura Supplemental Retirement Plan (SRP) 457 Deferred Compensation (DC) Plan OPT OUT Election Form

Complete this form to Opt Out of (decline participation in) the County of Ventura SRP 457 DC Plan.

| SECTION 1: Participant Information   |  |  |                       |
|--|--|--|-----------------------|
| Employee ID Number:  | Name:  | Date of Birth:   | ]                     |
| changed from a defined benefit (D current Safe Harbor member you plan at your current contribution of 4.50% and have access to your furseparation from service. An optoefit once you meet the eligibility re | PB) plan to a 457 deferred comere being provided the opporture of 3.00%. Through the DC planully vested (employee and employee and empl | rirement Plan (Safe Harbor) benefit type was inpensation (DC) plan for all future members. A unity to convert your membership to the 457 D you will also receive an employer contribution ployer contributions) DC account balance upon an in the DB plan and you will receive your becounty service and at least age 50 to be eligible imum) retirement benefit) of the plan. | C<br>n of<br>n<br>en- |
| SECTION 2: Opt-Out Instruction   | ıs   |  |                       |
| You can choose not to be autor<br>this form and return to our office.  | •  | C plan by declining participation if you comple  | ŧte                   |
| <ul> <li>If you choose to decline particip<br/>tacting the Safe Harbor program</li> </ul>  | , , , , , ,  | out form, you may opt in at a later time by consafe.harbor@ventura.org.  |                       |
| SECTION 3: Member Acknowled  | dgment and Signature   |  |                       |
| I have read the information preelection to NOT participate in  |  | and that by signing this form, I confirm m   | ıy                    |
| Employee Signature:  |  | Date:  |                       |

Your completed form must be returned to our office no later than August 16, 2021. If not received by this date, your Safe Harbor benefit will be converted to the 457 DC plan. This change is irrevocable.

Return your completed form in the provided envelope, or brown mail to #1970.