## Participation Agreement City of Norwalk 457 Deferred Compensation Plan

Each Participant must complete this Agreement form and file it with the Employer. To make any changes, amend this Agreement by completing a new Agreement form and filing it with your Employer.

1.	Name of Participan	t		EE#
2.	Insurer:	AXA EQUITABLE	EQUI-VEST	
3.	Estimated Annual Pay for Calendar Year			\$
4.	Amount to be deferred each pay period under the Deferred Compensation Plan \$			
5.	Participant's Personal Beneficiary(ies)			
	_		Relationship	Percentage %
	Name	R	elationship	Percentage %
	Name	R	elationshipelationship	Percentage %
	Name	R	elationship	Percentage%
6.	Participant Data:	*		
	(A) Work Addres	20		
	Work Teleph			
		one ipate in another salary 1	reduction deferred compo 'yes," please give the nam	ensation plan of any
provi Defer comp calen- emplo I und retire	ided by the Insurer. The red Compensation Placensation the amount in dar month). Such a byer's Deferred Compensation that distributed ment, death, or in the control of the	he undersigned hereby of an and authorizes the ndicated (such election mounts deferred are pensation Plan, of which to ions from the Plan with	s shall be as set forth of elects to become a Participation and the employer to withhold in the shall be effective as of the pursuant to the terms of this Participation Agreement of the made only upon the pursuant to an unforeseeable hardship due to an unforeseeab	ipant in the Employer's from the Participant's he first day of the next and conditions of the nent shall form a part.  ermination of service, ble emergency. (Please
Date for	or the Employee P	articipant's Signature	6 	
	By:			
Date		ignature of Employer		
	$\overline{P}_1$	rint Name and Title		