

For questions on this form please call Vanguard Participant Services at 800-523-1188.

Vanguard Enrollment/Flat Dollar Election



Macomb County Deferred Compensation Plan & Trust

Plan # 078097

I. Account Information

Check One: New Enrollment

Social Security #

Division Code: Roads (ROAD)
(please select one) County (CNTY)

Name
(Last, First, MI)

Address

City State Zip

Date of Birth: / /
(mm/dd/yyyy)

Date of Hire: / /
(mm/dd/yyyy)

Plan Entry Date=Same as date of hire

Daytime Phone #:

Evening Phone #:

II. Payroll Directions

I authorize my employer to deduct the following amount from my compensation each pay period and contribute that amount to my savings plan account.

I elect to make a Pre-Tax Flat Dollar contribution (source AAA) in the amount of \$ (indicate from \$5 to \$25,000* in whole dollars)

Note: This is the amount that will be deducted from each pay check. Your total contributions cannot exceed the limits established by the plan.

*Please note that you may contribute up to \$19,000 if you are under Age 50. If you are Age 50 and over, you may contribute up to \$25,000.

Please make a copy for your records.

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(04/14/2020)

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III. Investment Direction

I hereby direct that all future amounts withheld from my compensation and all employer contributions be invested in the following manner. Contributions must be in increments of 1% and the total must equal 100%.

Target Retirement Funds If you choose this investment approach, you may want to consider investing 100% of your contributions in one Vanguard Target Retirement Fund.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
001673	Vanguard Institutional Target Retirement Income Fund	<input type="text"/>	001668	Vanguard Institutional Target Retirement 2040 Fund	<input type="text"/>
001663	Vanguard Institutional Target Retirement 2015 Fund	<input type="text"/>	001669	Vanguard Institutional Target Retirement 2045 Fund	<input type="text"/>
001664	Vanguard Institutional Target Retirement 2020 Fund	<input type="text"/>	001670	Vanguard Institutional Target Retirement 2050 Fund	<input type="text"/>
001665	Vanguard Institutional Target Retirement 2025 Fund	<input type="text"/>	001671	Vanguard Institutional Target Retirement 2055 Fund	<input type="text"/>
001666	Vanguard Institutional Target Retirement 2030 Fund	<input type="text"/>	001672	Vanguard Institutional Target Retirement 2060 Fund	<input type="text"/>
001667	Vanguard Institutional Target Retirement 2035 Fund	<input type="text"/>	001792	Vanguard Institutional Target Retirement 2065 Fund	<input type="text"/>

Core and Supplemental Funds Or for the following list of funds, specify percentages in 1% increments.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
006742	Pioneer Bond Fund	<input type="text"/>	003395	JPMorgan Small Cap Growth Fund	<input type="text"/>
005119	Vanguard Inflation-Protected Securities Fund	<input type="text"/>	000569	Vanguard Total International Stock Index Fund	<input type="text"/>
000584	Vanguard Total Bond Market Index Fund	<input type="text"/>	000581	Vanguard International Growth Fund	<input type="text"/>
0000M4	Dodge & Cox Stock Fund	<input type="text"/>	007097	Columbia Overseas Value Fund	<input type="text"/>
0000X5	Vanguard Total Stock Market Index Fund	<input type="text"/>	000033	Vanguard Federal Money Market Fund	<input type="text"/>
006689	T. Rowe Price Growth Stock Fund	<input type="text"/>	003276	Wells Fargo Stable Value Fund	<input type="text"/>
002494	American Beacon Small Cap Value Fund	<input type="text"/>	007308	MFS Mid Cap Growth Fund	<input type="text"/>
002576	Janus Henderson Mid Cap Value Fund	<input type="text"/>			

Your allocations must total 100%

Note: If you fail to complete the investment elections above, your contribution will automatically be invested in the date specific Vanguard Target Retirement Fund closest to the year you will reach age 65. If you are an existing participant and you would like to make an exchange or rebalance your account, please call Vanguard Participant Services at 800-523-1188.

IV. Authorization

 Signature of Participant Date

Note: In order for you to be enrolled in the Macomb County Deferred Compensation Plan & Trust you must complete and return this enrollment form to Vanguard for processing.

Please return the completed enrollment form to:

<p>U.S. Mail Vanguard ATTN: DC Plan P.O. Box 982902 El Paso, TX 79998-2902</p>	<p>Overnight Vanguard ATTN: DC Plan 5951 Lockett Court Suite A2 El Paso, TX 79932</p>
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Fax: 484 582 2929

V. Miscellaneous (for Macomb County use only)

