

EMPLOYEE BENEFITS

County of Riverside Human Resources
Great Benefits For A Great Place To Work



To: All Employees in the Exempt Management, Management, Confidential and Other Unrepresented Employees, Law Enforcement Management, Law Enforcement Executive Management, Prosecution Units and Deputy Public Defenders

From: Human Resources Department - Employee Benefits Division

Re: 401(a) Money Purchase Plan

To receive your 401(a) Money Purchase Plan contribution benefit, this form must be submitted to Human Resources. The 401(a) Money Purchase Plan benefit will commence on a go-forward basis upon receipt. Contributions will not be granted retroactively.

As part of your benefits package, the County contributes a fixed bi-weekly contribution each pay period into a 401(a) Money Purchase Plan (a qualified IRS retirement plan). The contribution amount is dependent on your specified bargaining unit. Please review the applicable MOU, Resolution, or contact your Department Representative to determine how much you will receive. No employee deferrals are allowed into this plan.

The two vendors that have been selected to administer the 401(a) Money Purchase Plan are Nationwide Retirement Solutions and VALIC Retirement. **You must choose one of the vendors to receive the contributions on your behalf.** After selecting of either Nationwide Retirement Solutions or VALIC Retirement, the contributions will automatically be invested into the company's 401(a) Fixed Fund account with Nationwide or VALIC Money Market Fund, until you select other 401(a) investment options.

Nationwide Retirement Solutions and VALIC Retirement also offer a Section 457(b) Deferred Compensation Plan for employees wishing to defer a portion of their income. For current tax year retirement plan limits, visit www.irs.gov.

For more information on the 401(a) and 457(b) Deferred Compensation Plans and the investment options available, please call Nationwide Retirement Solutions at (877) 677-3678 or VALIC Retirement at (888) 568-2542.

401(a) MONEY PURCHASE PLAN ELECTION FORM

Please complete the information below and return the form to your department HR Representative.

Name:		Employee Number:	
Home Address:		City:	State: Zip:
Telephone Number:		Email Address:	
Social Security Number:	Date of Birth:	Department:	
Work Address:		City:	State: Zip:
Funding Choice:		<input type="checkbox"/> Nationwide Retirement Solutions <input type="checkbox"/> VALIC Retirement	
Primary Beneficiary:		Relationship:	
Contingent Beneficiary:		Relationship:	
Signature:		Date:	