Deferred Compensation
City and County of Denver

Cooney Associates
1922 E. 18th Ave
Denver, Co 80206
303-388-0854
303-388-5573 Fax

Participation / Change Agreement

Please check all that apply:

____New ____Increase ____Decrease ____Address Change ____Beneficiary Change ___Catch-Up ___ 50+ Catch-Up

PARTICIPANT INFORMATION (Please Print or Type)

Name _____ _____
First Name, MI, Last Name | Last 4 digits of SS#

Address _____ _____
Street Address | Date of Birth

_____ _____
City, State and Zip | Original Date of Employment

Phone _____ _____
Home and Work (include area code) | Department / Employee ID Number

Amount of Deferral

I authorize the City and County of Denver to defer **$_____ OR_____% (of Gross pay), each paycheck**

effective _____ $_____
Date | Current Annual Income

Beneficiary Information

Name _____ _____
First, MI, Last | Relationship / S.S.N.(Optional)

Address _____
Street Address City, State Zip Code

I adopt the City and County of Denver Deferred Compensation Plan and acknowledge receiving and reading a copy of the Plan Document, enrollment record, and all other enrollment materials. I will hold harmless Cooney Associates and/or my Employer from any liability hereunder for all acts performed in good faith, including those related to the investment preference(s) under my Employer's Deferred Compensation Plan.

_____ _____
Employees Signature | Date

COPIES TO: WHITE - Cooney Associates YELLOW - Payroll Clerk PINK - Participant