EMPOWER

Participant Enrollment
Governmental 457(b) Plan

City of Pittsburg Deferred Compensation Plan 780239-01

Participant Information

Last Name | First Name | MI

(The name provided MUST match the name on file with Service Provider.)

Social Security Number

Mailing Address

E-Mail Address

City | State | Zip Code

❑ Married ❑ Unmarried

❑ Female ❑ Male ❑ Nonbinary ❑ Unspecified

( ) Home Phone

( ) Work Phone

( ) Mobile Phone

Mo | Day | Year — Date of Birth

Mo | Day | Year — Date of Hire

❑ Check box if you prefer to receive quarterly account statements in Spanish.

Payroll Information

- ❑ I elect to contribute $__________ or _______% (do not complete both) (up to $23,000.00 or 1% - 100%) per pay period of my compensation as Before Tax contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.
- ❑ I elect to contribute $__________ or _______% (do not complete both) (up to $23,000.00 or 1% - 100%) per pay period of my compensation as Roth contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: ____ | ____ | ____
Mo Day Year

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option and Asset Allocation Models.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either an Asset Allocation Model (A) **or** your own investment options (B).

(A) Asset Allocation Model Selection - only one model can be selected

Asset Allocation Model Name	Model Selection	Asset Allocation Model Name	Model Selection
Conservative CONS	❑	Growth AGGRESSIVE	❑
Moderate MOD CONS	❑	Aggressive AGGR2	❑
Balanced MODERATE	❑	All Equity ULTRA AGGR	❑

(B) Select Your Own Investment Options

NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
BlackRock 20/80 Target Allocation K	BKCPX	BKCPX	____	MassMutual Small Cp Grth Eqty I	MSGZX	MSGZX	____
Vanguard Target Retirement Income Inv	VTINX	VTINX	____	Vanguard Explorer Adm	VEXRX	VEXRX	____
Vanguard Target Retirement 2020 Inv	VTWNX	VTWNX	____	Vanguard Small Cap Index Adm	VSMAX	VSMAX	____
Vanguard Target Retirement 2025 Inv	VTTVX	VTTVX	____	DFA U.S. Sustainability Core 1	DFSIX	DFSIX	____
Vanguard Target Retirement 2030 Inv	VTHRX	VTHRX	____	Carillon Eagle Mid Cap Growth I	HAGIX	HAGIX	____

Last Name	First Name	M.I.	Social Security Number	780239-01 Number

INVESTMENT OPTION

NAME	TICKER	CODE	%
Vanguard Target Retirement 2035 Inv.	VTTHX	VTTHX	_____
Vanguard Target Retirement 2040 Inv.	VFORX	VFORX	_____
Vanguard Target Retirement 2045 Inv.	VTIVX	VTIVX	_____
Vanguard Target Retirement 2050 Inv.	VFIFX	VFIFX	_____
Vanguard Target Retirement 2055 Inv.	VFFVX	VFFVX	_____
Vanguard Target Retirement 2060 Inv.	VTTSX	VTTSX	_____
Vanguard Target Retirement 2065 Inv.	VLXVX	VLXVX	_____
American Funds New Perspective R6.	RNPGX	RNPGX	_____
American Funds New World R6.	RNWGX	RNWGX	_____
DFA International Small Company I.	DFISX	DFISX	_____
Dodge & Cox International Stock - I.	DODFX	DODFX	_____
Fidelity Adv Global Equity Income Z.	FGEKX	FGEKX	_____
Vanguard International Growth Adm.	VWILX	VWILX	_____
Vanguard Total Intl Stock Index Admiral.	VTIAX	VTIAX	_____
BlackRock Energy Opportunities Inst.	BACIX	BACIX	_____
BlackRock Health Sciences Opps K.	SHSKX	SHSKX	_____
Franklin Utilities R6.	FUFRX	FUFRX	_____
MFS Utilities R6.	MMUKX	MMUKX	_____
Invesco Gold & Special Minerals R6.	OGMIX	OGMIX	_____
Principal Real Estate Securities Fd R-6.	PFRSX	PFRSX	_____
Vanguard Health Care Index Adm.	VHCIX	VHCIX	_____
Columbia Small Cap Value Fund II Instl 3.	CRRYX	CRRYX	_____
Franklin Small Cap Value R6.	FRCSX	FRCSX	_____
FullerThaler Behavioral SmallCap Eq R6.	FTHFX	FTHFX	_____
Hartford Small Company HLS Fund IA.	HIASX	HIASX	_____

INVESTMENT OPTION

NAME	TICKER	CODE	%
Janus Henderson Enterprise I.	JMGRX	JMGRX1	_____
JHancock Disciplined Value Mid Cap R6.	JVMRX	JVMRX	_____
Vanguard Mid Cap Index Fund - Admiral.	VIMAX	VIMAX	_____
Victory Sycamore Established Value R6.	VEVRX	VEVRX	_____
AB Relative Value Z.	CBBZX	CBBZX	_____
JPMorgan Large Cap Growth R6.	JLGMX	JLGMX	_____
MFS Growth R6.	MFEKX	MFEKX	_____
Putnam Large Cap Value A.	PEYAX	PEYAX	_____
Vanguard 500 Index Admiral.	VFIAX	VFIAX	_____
Vanguard Dividend Apprec Idx Admiral.	VDADX	VDADX	_____
Vanguard Total Stock Mkt Idx Adm.	VTSAX	VTSAX	_____
Janus Henderson Balanced N.	JABNX	JABNX	_____
American Funds American Hi Inc Tr R6.	RITGX	RITGX	_____
Dodge & Cox Income - I.	DODIX	DODIX	_____
Fidelity Strategic Income Fund.	FADMX	FADMX	_____
Federated Hermes Ultrashort Bond IS.	FULIX	FULIX	_____
PIMCO Global Bond Opps (USD-Hedged) Inst.	PGBIX	PGBIX	_____
PIMCO Total Return Instl.	PTTRX	PTTRX	_____
Putnam Convertible Securities Y.	PCGYX	PCGYX	_____
Vanguard GNMA Adm.	VFIJX	VFIJX	_____
Vanguard Inflation-Protected Secs Adm.	VAIPX	VAIPX	_____
Vanguard Long-Term Investment-Grade Adm.	VWETX	VWETX	_____
Vanguard Total Bond Market Index Admiral.	VBTLX	VBTLX	_____
General Account.	N/A	MHDMD1	_____
MUST INDICATE WHOLE PERCENTAGES			**= 100%**

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Asset Allocation Models - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

Conservative CONS - RNWGX 3% PFRSX 4% DODIX 35% DODFX 6% FULIX 7% DFISX 2% PGBIX 21% VFIAX 15% VAIPX 7%

Moderate MOD CONS - RNWGX 5% PFRSX 6% DODIX 27% DODFX 7% FULIX 5% DFISX 5% PGBIX 17% VFIAX 22% VAIPX 6%

Balanced MODERATE - RNWGX 7% PFRSX 8% DODIX 20% DODFX 11% FULIX 4% DFISX 5% PGBIX 12% VFIAX 29% VAIPX 4%

Growth AGGRESSIVE - RNWGX 8% PFRSX 10% DODIX 15% DODFX 12% FULIX 3% DFISX 6% PGBIX 9% VFIAX 34% VAIPX 3%

Aggressive AGGR2 - RNWGX 9% PFRSX 11% DODIX 10% DODFX 15% FULIX 2% DFISX 6% PGBIX 6% VFIAX 39% VAIPX 2%

All Equity ULTRA AGGR - RNWGX 10% PFRSX 13% DODFX 20% DFISX 7% VFIAX 50%

Your account will be rebalanced annually so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the

Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature **Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Authorized Plan Administrator Approval

Authorized Plan Administrator Signature **Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

After all signatures have been obtained, this form can be:

Uploaded electronically to:	**OR**	**Sent regular mail to:**	**OR**	**Sent express mail to:**
Login to account at **empowermyretirement.com** Click on *Upload Documents* to submit		Empower PO Box 56025 Boston, MA 02205-6025		Empower 8515 E. Orchard Road Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.