

**ING FINANCIAL ADVISERS, LLC - PARTICIPATION AGREEMENT
PIERCE COUNTY DEFERRED COMPENSATION PLAN - VK0824**

_____ INITIAL AGREEMENT

_____ SUBSEQUENT AGREEMENT

NAME: _____	SSN: _____
HOME ADDRESS: _____	CITY, STATE, ZIP: _____
HOME/WORK PHONE: _____	DEPARTMENT: _____

Please indicate the DOLLAR amount per pay period:		EFFECTIVE
A. INCREASE from	\$ _____ to \$ _____	_____
B. DECREASE from	\$ _____ to \$ _____	_____
C. ONE TIME DUMP-IN	\$ _____	_____
D. RESTART PAYMENTS	\$ _____	_____
E. STOP PAYMENTS		_____
Please Note: Effective date of the deduction noted above will not be earlier than the receipt of this completed application by Pierce County Personnel. It shall continue in effect until modified or terminated in accordance with the provisions of the Deferred Compensation Plan.		

CATCH-UP ELECTION:
Contribution is under <u>Older Worker</u> Catch-up Provision _____ (Please Initial, if applicable)
Contribution is under <u>Maximum</u> 457 (b) Catch-up Provision _____ (Please Initial, if applicable)

I wish to designate the following beneficiary (ies):			
PRIMARY	RELATIONSHIP	CONTINGENT	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that benefits are only payable due to Death, Separation from Service, Retirement, and Severe Financial Hardship. Furthermore, I acknowledge receipt of, or have reviewed a copy of the Plan and confirm that I understand the terms, provisions and conditions thereof, which terms, provisions and conditions are hereby incorporated into Participation Agreement and constitute my entire rights and obligations under the plan.

Participant Signature

Date

White – Employer

Yellow – ING Financial Advisers

Pink – Participant