

**457 Governmental Plan and Trust
Optional Provisions Election Form (October 2023)**

Employers should execute this form to make elections, or change prior elections, related to optional provisions contained in the MissionSquare Retirement 457 Governmental Deferred Compensation Plan and Trust document. This form may also be used by plan sponsors utilizing an individually designed plan document.

Plan Number: 30 1333 Employer Plan Name: City of Everett

I. PLAN DOCUMENT (If you are establishing a new plan, please skip this section.)

Our plan currently uses:

- ☒ MissionSquare's model plan document
- ☐ An individually designed plan document

II. PLAN YEAR

The plan year will be (select one):

- ☒ January 1 - December 31 (Default); or
- ☐ The 12-month period beginning _____
Month Day

III. ELIGIBILITY REQUIREMENTS

The following group or groups of Employees are eligible to participate in the plan:

- ☒ All Employees (Default)
 - Full-time Employees
 - Salaried Employees
 - Non-union Employees
 - Management
 - Public Safety Employees
 - General Employees
- ☐ Other Employees (specify the group(s) of eligible employees):

The group specified must correspond to a group of the same designation that is defined in the statutes, ordinances, rules, regulations, personnel manuals or other material in effect in the state or locality of the Employer.

IV. LOANS

Loans are allowed under the plan.

- Yes ☒ No (Default)

If you select "Yes" above, you must also complete and return the Loan Guidelines Agreement in the [Loan Implementation Package for 457/401 Plan Sponsors](#).

V. DISTRIBUTIONS

- a. In-service distributions while employed with the Employer are permitted after a participant attains (select one of the options):

☒ Age 70½ (Default)

☐ Not permitted at any age

To adopt an in-service withdrawal age of 59 1/2, please complete the SECURE Act Election form.

- b. In-service distributions of rollovers are allowed at any time:

☐ Yes

☒ No (Default)

- c. Tax-free distributions for the payment of qualifying insurance premiums for eligible retired public safety officers are available under the plan.

☐ Yes

☒ No (Default)

- d. Unforeseeable emergency withdrawals are permitted.

☒ Yes (Default)

☐ No

In applying the rules for unforeseeable emergency withdrawals, the determination of any unforeseen emergency shall include circumstances applying to a Primary Beneficiary.

☒ Yes (Default)

☐ No

VI. ROTH PROVISIONS

- a. The plan will offer Designated Roth Accounts as described in Article IX.

☒ Yes

☐ No (Default)

[If No is selected, skip the remainder of this Section VI.]

- b. The plan will allow In-Plan Roth Conversions as provided in Section 9.05.

☒ Yes (Default)

☐ No

- c. Designated Roth Accounts will be available as a source for loans under the plan.

☐ Yes

☒ No or N/A (Default)

VII. AUTOMATIC ENROLLMENT

The plan will offer automatic enrollment.

☐ Yes

☒ No (Default)

If you select "Yes" above, further steps are required to implement this feature, including completing implementation forms. We will contact you.

VIII. DEFERRAL OF SICK PAY, VACATION AND BACK PAY(CHOOSE ANY/ALL THAT APPLY)

Participants may elect to defer:

Accumulated Sick Pay

Accumulated Vacation Pay

Back Pay

Note: If no election is made, a Participant will not be able to defer any of these.

The Participant's election to defer accumulated sick pay, accumulated vacation pay, or back pay must be made before the beginning of the month in which these amounts would otherwise be paid or made available to the employee.

IX. EMPLOYER MATCH

Employer will match Elective Deferrals and Default Elective Deferrals ("Deferrals").

☒ Yes

☐ No (Default)

[If No is selected, skip the remainder of Section IX. IF YES, COMPLETE ALL THAT APPLY].

Employer Percentage Match of Deferrals

The Employer shall contribute on behalf of each Participant an amount determined as follows (subject to the limitations of Article V of the plan):

_____ % of the Deferrals made on behalf of the Participant for the Plan Year (not including Deferrals exceeding _____ % of Earnings or \$ _____);
See addendum _____);

Plus _____ % of the Deferrals made on behalf of the Participant for the Plan Year in excess of those included in the above paragraph (but not including Deferrals exceeding in the aggregate _____ % of Earnings or \$ _____).

Employer matching contributions on behalf of a Participant for a Plan Year shall not exceed \$ _____ or _____ % of Earnings, whichever is (CHOOSE ONE) more less.

Employer Dollar Match of Deferrals

The Employer shall contribute on behalf of each Participant an amount determined as follows (subject to the limitations of Article V of the plan):

\$ _____ for each _____ % of Earnings or \$ _____ that the Employer contributes on behalf of the Participant as Deferrals for the Plan Year (not including Deferrals exceeding _____ % of Earnings or \$ _____);

Plus \$ _____ for each _____ % of Earnings or \$ _____ that the Employer contributes on behalf of the Participant as Deferrals for the Plan Year in excess of those included in the above paragraph (but not including Deferrals exceeding in the aggregate _____ % of Earnings or \$ _____).

Employer matching contributions on behalf of a Participant for a Plan Year shall not exceed \$ _____ or _____ % of Earnings, whichever is (CHOOSE ONE) more less.

X. MILITARY SERVICE ELECTIONS

- a. Plan contributions shall be made under the plan for differential wage payments (i.e., payments made by the employer to an individual performing military service that represents all or a portion of the wages he/she would have received).

☒ Yes (Default) ☐ No

If yes is selected, this is effective beginning January 1, 2009 (or if later, the effective date of the Plan), unless another effective date is filled in here:

- b. A participant shall be deemed to have a severance from employment for purposes of eligibility for a distribution during any period of military service for more than 30 days.

☐ Yes ☒ No (Default)

- c. A participant who dies or becomes Disabled (as defined in the plan) while performing qualified military service shall receive plan contributions as if the individual had resumed employment on the day preceding death or disability and then terminated employment on the actual date of death or disability.

☐ Yes ☒ No (Default)

If yes is selected, this is effective for participants who died or became disabled while performing military service on or after January 1, 2007 (or if later, the effective date of the plan), unless another effective date is filled in here:

_____ (date cannot be prior to January 1, 2007)

XI. SPOUSAL CONSENT (APPLIES ONLY TO COMMUNITY PROPERTY STATES)

If your state is not a community property state, skip the remainder of Section XI.

Where spousal consent is required, it will apply to:

- ☒ Only to persons who are married (Default)

A person who is married, who is a domestic partner under state law, or who is a person in a civil union or other formally recognized personal partnership

A person who is married or who is a domestic partner under state law

A person who is married or is a person in a civil union or other formally recognized personal partnership

Note: This election applies only for plans in community property states requiring the consent of a spouse to name someone other than the spouse as a beneficiary, and only for determining who is treated as a "spouse" for this purpose and not for any other plan purposes.

XII. SUMMARY OF CHANGES

If you are making changes to an existing plan, please summarize the changes along with the effective dates of the changes below and identify the applicable Optional Provisions Election Form section number. If you are establishing a new plan, please skip this section.

- a. Added Roth - Section VI Effective Date: 07 / 01 / 2024
b. _____ Effective Date: ____/____/____
c. _____ Effective Date: ____/____/____
d. _____ Effective Date: ____/____/____

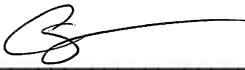
XIII. EMPLOYER SIGNATURE

By signing, Employer confirms he or she is authorized to make the elections specified on this form.

Employer hereby appoints MissionSquare Retirement as the non-discretionary Plan Administrator in accordance with the terms and conditions of the MissionSquare Retirement Corporation 457 Governmental Deferred Compensation Plan and Trust.

Employer hereby attests that it is a unit of state or local government or an agency or instrumentality of one or more units of state or local government.

Employer acknowledges that applicable state law may or may not allow for the addition of an Automatic Enrollment Feature in their 457(b) plan administered by MissionSquare Retirement, and Employer assumes full responsibility for the decision to add such a feature to their plan.

Employer Signature: 

Date (mm/dd/yyyy): 07/02/2024

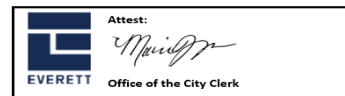
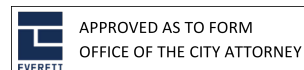
Name (Please Print): Cassie Franklin

Title: Mayor

Preferred Phone Number: (425) 257-8767

Email Address: humanresources@everettwa.gov

Plan Number: 301333



This form can be returned by email, fax, or mail using the information below.

Online: Submit through secure messaging to:
www.employers.msqplanservices.org
Fax to: MissionSquare Plan Services
(844) 677-3297

Mail to: MissionSquare Plan Services
P.O. Box 219320
Kansas City, MO 64121-9320



February 20, 2024

MissionSquare Plan Services
P.O. Box 219320
Kansas City, MO.
64121-9320

Re: 457 Plan #301333

As an addendum to the City of Everett's request to add the Roth 457 feature to our 457 plan (#301333), below is an outline of the current 2024 employer contributions and match amounts.

- EPOA members: Dollar for dollar match up to a maximum of \$142.31 biweekly.
- EMPA members:
 - Lieutenants: City contribution of \$339.16 biweekly
 - Captains: City contribution of \$364.48 biweekly
- IAFF members: City contribution of \$231.46 biweekly
- Commissioned appointive staff: City contribution of \$448.76 - \$558.60 biweekly (rate varies dependent on job classification held)

Please let me know if you have any questions or concerns.

Thank you,

Chelsi Bardwell

Chelsi Bardwell
Human Resources Operations Manager
cbardwell@everettwa.gov
(425) 257-8708

Human Resources

Category 2: Sensitive information
2930 Wetmore Avenue,
Ste. 5A
Everett, WA 98201



425.257.8767
425.257.8754 fax



humanresources@everettwa.gov
everettwa.gov












missionsquare_06.26.24_SD

Final Audit Report

2024-07-02

Created:	2024-07-01
By:	Marista Jorve (mjorve@everettwa.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAu-MOTS-RArEq5xld_SFLU83NwsxJc-2_

"missionsquare_06.26.24_SD" History

-  Document created by Marista Jorve (mjorve@everettwa.gov)
2024-07-01 - 3:41:26 PM GMT
-  Document emailed to Chelsi Bardwell (CBardwell@everettwa.gov) for approval
2024-07-01 - 3:42:03 PM GMT
-  Email viewed by Chelsi Bardwell (CBardwell@everettwa.gov)
2024-07-02 - 9:08:35 PM GMT
-  Document approved by Chelsi Bardwell (CBardwell@everettwa.gov)
Approval Date: 2024-07-02 - 9:08:55 PM GMT - Time Source: server
-  Document emailed to Tim Benedict (TBenedict@everettwa.gov) for approval
2024-07-02 - 9:08:58 PM GMT
-  Email viewed by Tim Benedict (TBenedict@everettwa.gov)
2024-07-02 - 9:19:19 PM GMT
-  Document approved by Tim Benedict (TBenedict@everettwa.gov)
Approval Date: 2024-07-02 - 9:19:27 PM GMT - Time Source: server
-  Document emailed to Cassie Franklin (cfranklin@everettwa.gov) for signature
2024-07-02 - 9:19:28 PM GMT
-  Email viewed by Cassie Franklin (cfranklin@everettwa.gov)
2024-07-02 - 9:23:58 PM GMT
-  Document e-signed by Cassie Franklin (cfranklin@everettwa.gov)
Signature Date: 2024-07-02 - 9:24:06 PM GMT - Time Source: server
-  Document emailed to Marista Jorve (mjorve@everettwa.gov) for approval
2024-07-02 - 9:24:08 PM GMT

 Email viewed by Marista Jorve (mjorve@everettwa.gov)

2024-07-02 - 9:24:29 PM GMT

 Document approved by Marista Jorve (mjorve@everettwa.gov)

Approval Date: 2024-07-02 - 9:24:40 PM GMT - Time Source: server

 Agreement completed.

2024-07-02 - 9:24:40 PM GMT