

**DEFERRED COMPENSATION AGREEMENT – 5/2006**

This agreement is made by and between MISSOULA COUNTY ("Employer") and \_\_\_\_\_ ("Participant").

The parties agree to and acknowledge the following:

- A. The Participant confirms that he has received a copy of the Employer's Deferred Compensation Plan and has reviewed and understands all of the terms, provisions and conditions of the Plan, all of which are hereby incorporated into this Agreement.
- B. Commencing \_\_\_\_\_ (date), the Participant agrees to defer the right to receive compensation to the extent of \$ \_\_\_\_\_ per two week pay-period in return for the benefits specified in the Plan, and this Agreement authorizes the Employer to so reduce his compensation.
- Check if you are exercising the "catch up" provision of the Plan (sect 2.11(b)) restricted to "the last three (3) taxable years of a Participant ending before the Participant's attainment of normal retirement age..." "Catch up" deferrals must end no later than: \_\_\_\_\_.**
- C. The Participant's benefits under the Plan shall be based upon the amounts credited to the Participant's Account, which shall reflect the Employer's investment of the Participant's Deferred Compensation. For this purpose, the Participant requests that the Employer invest the Participant's Deferred Compensation under a group annuity contract issued by: \_\_\_\_\_, the Service Provider.
- D. Retirement Benefits on Severance from Employment. Except as otherwise provided in this Article, a Participant's Account shall become eligible for distribution upon a Participant's Severance from Employment. The distribution of a Participant's Account shall commence no later than April 1 of the calendar year following the year of the Participant's Retirement or attainment of age 70½, whichever is later. Distributions shall be made in accordance with a payment option as determined by the Participant and the Provider.
- E. The Participant will designate Beneficiary(ies) in accordance with Article IV of the Plan at the time of enrollment on the Service Provider's form. Changes in beneficiary designation must be submitted directly to the Service Provider.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Check here if you would like a copy of the Deferred Compensation Plan Document sent to you.

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Employer: MISSOULA COUNTY  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

*DISTRIBUTION:            white - Personnel File                            yellow -Service Provider                            pink – Employee*