



**STATE OF MAINE LENGTH OF SERVICE AWARD PLAN  
JOINER AGREEMENT**

This Agreement is made by and between \_\_\_\_\_ (the "Sponsoring Agency") and \_\_\_\_\_ (the "Participant").

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

Participant Address: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Participant SSN (full): \_\_\_\_\_

Department Name: \_\_\_\_\_

County Name: \_\_\_\_\_

The parties agree to and acknowledge the following:

- A. The Participant confirms that he has received a copy of the Sponsoring Agency's Length of Service Award 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 \_\_\_\_\_, 20\_\_, the Sponsoring Agency agrees to award contributions of \$ \_\_\_\_\_ per year to be credited to the Participant's Plan Account until such time as the Participant revokes his/her participation in the Plan.
- C. The Participant hereby elects the following deemed investments for amounts credited to the Participant's Plan account, this election to be effective at the earliest date permissible under and subject to all of the terms of, the Plan:

	Deemed Investment Options	Percentage of Plan Account
1.	_____	_____ %
2.	_____	_____ %
3.	_____	_____ %
4.	_____	_____ %
5.	_____	_____ %

- 6. \_\_\_\_\_ %
- 7. \_\_\_\_\_ %
- 8. \_\_\_\_\_ %

D. The Sponsoring Agency agrees to pay benefits to the Participant in the amount and manner described in Paragraphs E and F below. The Participant shall be entitled to receive benefits that are attributable to amounts awarded under Paragraph B above on the first day of the month next following (check one):

\_\_\_\_\_ Termination of Service  
 \_\_\_\_\_ Other Date (But not earlier than Termination of Service)  
 (Specify)

NOTE: The date specified in this Paragraph D may be changed by the Participant one time up until one year prior to Termination of Service at which time the date specified shall become irrevocable.

E. The benefits paid to the Participant shall be in such amounts and manner as if the Participant had himself made purchase payments under Investment Options equal to the amounts specified in Paragraph B above.

F. The Participant designates the following method of payment for benefits attributable to award contributions (as described in Paragraph B, above):

\_\_\_\_\_ Lump Sum  
 \_\_\_\_\_ Periodic Payment

\*Please see your VALIC Retirement Planning Specialist for further information on this option.

NOTE: The payment method specified in this Paragraph F may be changed by the Participant one time up until one year prior to Termination of Service at which time the payment method selected shall become irrevocable.

G. The Participant designates the following Beneficiary (or Beneficiaries) in accordance with Articles III and X of the Plan (specify full name, relationship and address):

Primary

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Contingent

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

H. The Participant designates the following method of payment to the Beneficiary or Beneficiaries (specify one of the methods listed in Paragraph F; method need not be the same as that specified in Paragraph F):

\_\_\_\_\_.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Sponsoring Agency:**

By: \_\_\_\_\_  
Signature

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

**Participant:**

\_\_\_\_\_  
Signature

Name (print): \_\_\_\_\_