

**PARTICIPANT ENROLLMENT****457/401(a) PLANS**Please check one: ☐ Initial Enrollment ☐ Agency Change

PLAN NAME

PLAN NUMBER/TYPE

**SOONERSAVE DEFERRED COMPENSATION PLAN 457****98988-01 457****SOONERSAVE SAVINGS INCENTIVE PLAN 401(a)****98988-02 401(a)****PARTICIPANT INFORMATION**

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Female ☐ Male ☐ Married ☐ Single Telephone: W \_\_\_\_\_ H \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Agency Name****Agency Number****PAYROLL INFORMATION**

I elect to participate in the Oklahoma State Employee's Deferred Compensation Plan. I authorize my employer to deduct the following amount (each pay period) of my compensation as before-tax contributions. I understand that these contributions will be withheld from my paychecks and contributed by my employer to the Plan on my behalf for allocation to my 457 Deferred Compensation Plan. Future changes can be made in accordance with Plan Provisions.

**Deferral Amount: \_\_\_\_\_ (each pay period)****INVESTMENT OPTION INFORMATION (applies to all contributions)****I hereby request that my Deferred Compensation deferrals and 401(a) contributions be invested in the following manner:**

**The Vanguard Funds are meant to be a one-step option for investing your SoonerSave contributions. Select a fund by placing an 'X' next to the fund with the year closest to when you plan on retiring and your investments will be managed for you.**

**Vanguard Target Retirement Funds**

<u>457</u>		<u>401(a)</u>
_____	Vanguard Target Retirement 2010 Fund	_____
_____	Vanguard Target Retirement 2020 Fund	_____
_____	Vanguard Target Retirement 2030 Fund	_____
_____	Vanguard Target Retirement 2040 Fund	_____
_____	Vanguard Target Retirement 2050 Fund	_____

**Participant** return form to: Agency Coordinator**Agency Coordinator** forward to:

SoonerSave Administrator

P.O. Box 53007

Oklahoma City, OK 73152

For more information, visit [www.soonersave.com](http://www.soonersave.com) or call (800) 733-9008 or (405) 858-6781.**OR**

Use the funds below if you want to select your own investment mix.

**Percentages must be whole numbers and equal 100%.**

<u>457</u>	<b>Fixed</b>	<u>401(a)</u>
_____ %	SoonerSave Stable Value Fund*	_____ %
	<b>Bond</b>	
_____ %	T. Rowe Price High Yield <sup>†</sup>	_____ %
_____ %	T. Rowe Price Spectrum Income <sup>†</sup>	_____ %
	<b>Balanced</b>	
_____ %	T. Rowe Price Balanced Fund <sup>†</sup>	_____ %
	<b>Large-Cap</b>	
_____ %	American Century Income & Growth Fund <sup>†</sup>	_____ %
_____ %	Blackrock S&P 500 Stock Fund <sup>†</sup>	_____ %
_____ %	T. Rowe Price Blue Chip Growth Fund <sup>†</sup>	_____ %
_____ %	T. Rowe Price Total Equity Market Index <sup>†</sup>	_____ %
	<b>Mid-Cap</b>	
_____ %	Artisan Mid-Cap Value Fund	_____ %
_____ %	Columbia Acorn Z	_____ %
	<b>Small-Cap</b>	
_____ %	Perkins Small Cap Value Fund <sup>†</sup>	_____ %
_____ %	BlackRock Small Cap Growth Fund	_____ %
	<b>International</b>	
_____ %	American Funds EuroPacific Growth Fund <sup>†</sup>	_____ %
_____ %	T. Rowe Price Emerging Markets Stock <sup>†</sup>	_____ %
<b>=100 %</b>		<b>=100 %</b>

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

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you wish to designate more than one primary and/or contingent beneficiary, complete and attach the Beneficiary Change form. Please read the Beneficiary Designation information before electing your beneficiary(s). Please Note: You may only designate one primary or contingent beneficiary for each Plan on this form.

#### 457 DEFERRED COMPENSATION PLAN BENEFICIARY DESIGNATION (REQUIRED)

If this section is left blank or incomplete, the beneficiary designation will default to the provisions of the Plan Document.

Primary Beneficiary			Contingent Beneficiary		
Social Security Number	Beneficiary Name		Social Security Number	Beneficiary Name	
Relationship	Date of Birth		Relationship	Date of Birth	
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code

#### 401(a) DEFERRED SAVINGS INCENTIVE PLAN BENEFICIARY DESIGNATION

If this section is left blank or incomplete, the beneficiary designation you specified for the 457 Plan will apply to the 401(a) Plan. In the event both the 457 and 401(a) beneficiary designation sections are left blank or incomplete, both Plans will default to the provisions of the Plan documents.

Primary Beneficiary			Contingent Beneficiary		
Social Security Number	Beneficiary Name		Social Security Number	Beneficiary Name	
Relationship	Date of Birth		Relationship	Date of Birth	
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code

#### PARTICIPATION AGREEMENT

**Withdrawal restrictions** – I understand that the Internal Revenue Code and/or my employer’s Plan Documents may impose restrictions on transfers and/or distributions.

**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 plans specified on the first page of this form. 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.

**Beneficiary designation** – In the event both the 457 and 401(a) Beneficiary Designation sections are left blank or incomplete, both Plans will default to the provisions of the Plan Documents. The beneficiary designation you specify for the 457 Plan will apply to the 401(a) Plan, if the 401(a) section is left blank or incomplete. This designation supersedes all prior designations and is effective upon its execution and delivery to the SoonerSave office. The right to change the beneficiary is reserved to me. If my primary or contingent beneficiaries predecease me and if I fail to designate new beneficiaries, amounts will be paid pursuant to the terms of the Plan Documents. (For more information, please contact your SoonerSave office and/or recordkeeper.) I also understand that I may designate more than one beneficiary by attaching a Beneficiary Change form.

I understand that beneficiaries are to share equally if percentages are not provided and any unpaid amounts upon my death will be divided equally.

**Compliance with the Internal Revenue Code** – I understand that the maximum annual limit on contributions is determined under the Plan Documents and/or the Internal Revenue 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.

**Plan charges** – I understand that charges and fees may apply under these Plans and may be deducted from my account.

#### REQUIRED SIGNATURES

I hereby acknowledge that a copy of the Plan Documents has been made available to me and I agree to the rules, terms, and conditions. I also 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. In the event my Participant Enrollment form is incomplete or not received by SoonerSave office and/or recordkeeper prior to the receipt of any deposits, I specifically consent to the recordkeeper allocating all monies received to the default investment option which is selected by the Plan Administrator. If the percentages in either column do not total 100.00% or percentages are not provided, the recordkeeper will allocate all monies received to the default investment option selected by the Plan. Once my account has been established, I understand that I must call the recordkeeper in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment option(s) I selected, however the Plan may not be required to invest deferred funds pursuant to Plan provisions.

I also understand it is my obligation to review my confirmations and quarterly statements and inform the Plan and/or recordkeeper of any discrepancies or errors within 90 calendar days of the date of such confirmation or statement. I understand and acknowledge that the state can return to me only the value of my account which will depend on the investment option(s) I have selected. I understand that participation in the 457 Deferred Compensation Plan is voluntary and the SoonerSave Plans are a benefit offered by the State of Oklahoma. In return for this benefit, I and my heirs, successors, and assignees shall hold harmless the State and its employees, officials, agents, and successors from any and all liability for all acts of good faith.

I have completed, understood and agree to all pages of the Participant Enrollment form.

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

I, as Plan Administrator/Trustee, apply for coverage for the plan participant and certify that eligibility as required under the Plan, has been met.

Agency Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Plan Administrator/Trustee Signature \_\_\_\_\_ Date \_\_\_\_\_