



Initial Enrollment Agency Change/Rehire

**Participant Enrollment
457(b)/401(a) Plans**

Participant Information (All fields are required)

Social Security Number _____ Last Name _____ First Name _____ M.I. _____
 Mailing Address _____ City _____ State _____ Zip Code _____
 Date of Birth (MM/DD/YYYY) _____ () _____ () _____
 Work Phone _____ Home/Cell Phone _____
 Female Male _____
 Email Address _____
 Married Unmarried _____
 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: \$ _____ . _____ (Minimum: \$25 monthly/\$11.54 biweekly/\$12.50 bimonthly)

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:

OPTION 1: Automatic Allocation

OR

OPTION 2: Custom Allocation

If you are new to investments or don't want to make investment selections, the Vanguard Funds may be for you. **Select a fund with an 'X' in each column next to the fund with the year closest to your projected retirement date, and you are done.** The investment portfolios are automatically managed from an aggressive to a more conservative approach as the fund nears the target date.

Vanguard Target Retirement Funds

457(b)		401(a)
_____	Vanguard Target Retirement Income Inv	_____
_____	Vanguard Target Retirement 2020 Fund	_____
_____	Vanguard Target Retirement 2030 Fund	_____
_____	Vanguard Target Retirement 2040 Fund	_____
_____	Vanguard Target Retirement 2050 Fund	_____

Use the funds below if you want to select your own investment mix. **Percentages must be whole numbers and equal 100%.**

457(b)		401(a)
_____ %	International American Funds EuroPacific Growth Fund A	_____ %
_____ %	BNY Mellon ACWI Ex-U.S. Instl	_____ %
_____ %	T. Rowe Price Emerging Markets Stock	_____ %
_____ %	Small-Cap BlackRock Adv Small Cap Growth Instl	_____ %
_____ %	BNY Mellon Small Cap Stock Index Instl	_____ %
_____ %	Janus Henderson Small Cap Value N	_____ %
_____ %	Mid-Cap Columbia Acorn Instl	_____ %
_____ %	Vanguard Selected Value Inv	_____ %
_____ %	Large-Cap American Century Disciplined Core Value	_____ %
_____ %	iShares S&P 500 Index	_____ %
_____ %	T. Rowe Price Blue Chip Growth	_____ %
_____ %	T. Rowe Price Total Equity Market Index	_____ %
_____ %	Balanced Vanguard Balanced Index Fund - Admiral	_____ %
_____ %	Bond BNY Mellon Aggregate Bond Index Instl	_____ %
_____ %	T. Rowe Price Instl High Yield	_____ %
_____ %	Fixed SoonerSave Stable Value Fund	_____ %
=100 %		=100 %

For more information:
www.soonersave.com
 or call
 (800) 733-9008 or (405) 858-6737

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. 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.

Beneficiary designation – In the event I do not submit to the recordkeeper a complete and acceptable beneficiary designation either through the website or by using the Beneficiary Designation form, upon my death distributions from both accounts will be made in accordance with plan rules.

The beneficiary designation I specify for my 457 account will apply to my 401(a) account, if I do not submit to the recordkeeper a complete and acceptable beneficiary designation for my 401(a) account. However, If I do not submit to the recordkeeper a complete and acceptable beneficiary designation for either the 457 account or both accounts, then upon my death distributions from both accounts will be made in accordance with plan rules.

My current beneficiary designation supersedes all prior beneficiary designations and is effective upon its execution, delivery to, and acceptance by the recordkeeper. The right to change the beneficiary of my accounts is reserved to me. I understand beneficiaries are to share equally if percentages are not provided and any unpaid amounts upon my death will be divided equally. If my primary and contingent beneficiaries for both accounts predecease me and if I fail to designate a new beneficiary, upon my death distributions from both accounts will be made to the default beneficiary as provided by the plan documents.

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

Coordinator signature

Date

Mailing Instructions

Participant: Return form to your Agency Coordinator.

Agency Coordinator: Forward to the SoonerSave administrative office:
SoonerSave
PO Box 53007
Oklahoma City, OK 73152-3007

For SoonerSave use only: Approved by: _____

Date: _____