



# Participant Quick Enrollment Form

457(b)/401(a) Plans

This quick enrollment form can be used to enroll in SoonerSave as a new employee or to start back in SoonerSave after a break in service or change in employer. Participants need to designate beneficiaries at [www.soonersave.com](http://www.soonersave.com) or by using the *Beneficiary Designation* form. Contributions from first-time participants will be invested in the default investment until another designation is made online or by phone.

- Initial Enrollment       Agency Change/Rehire

## PARTICIPANT INFORMATION

\_\_\_\_\_  
Social Security number      Last name      First name      M.I.

\_\_\_\_\_  
Mailing address      City      State      Zip code

\_\_\_\_\_  
Date of birth (MM/DD/YYYY)      Work phone      Personal phone

- Female     Male

\_\_\_\_\_  
Work 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 bi-weekly/\$12.50 semi-monthly)

## PARTICIPATION AGREEMENT

**Withdrawal restrictions** – I understand the Internal Revenue Code and/or the plan documents may impose restrictions on transfers and/or distributions.

**Investment options** – I understand contributions to my 457 account and/or my 401(a) account will be invested in the default investment selected by the Plan if I am a first-time participant and will remain as currently allocated if I have an existing account. The default investment is Vanguard Balanced Index Fund -Institutional. I have the option to move the contributions to another available investment option(s) within the SoonerSave plan. In the future, I can elect to designate an investment option(s) other than the default investment. I understand all contributions received after my election 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 can change investment options by logging into my account at [www.soonersave.com](http://www.soonersave.com), through the Empower Retirement app or by calling 877-538-3457.

**Value of account(s)** – I understand and acknowledge 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. 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 and its performance.

**Beneficiary designations** – 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 the maximum annual limit on contributions is determined under the plan documents and/or the Internal Revenue Code. I understand it is my responsibility to monitor the total annual contributions to ensure 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 charges and fees may apply under the SoonerSave plan and may be deducted from my account(s).

**Plan documents/Investment options information** – 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.

**Verifying confirmations/statements** – I 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.

**Release of liability** – I understand 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.

## REQUIRED SIGNATURES

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

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Participant signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature must be handwritten. An electronic signature will be rejected and result in significant delay.)

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Employee job title/description \_\_\_\_\_

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Coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

## MAILING INSTRUCTIONS

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**Participant:** Return form to your Agency Coordinator.

**Agency Coordinator:** Forward to the SoonerSave administrative office:  
SoonerSave  
PO Box 53007 Or fax to: 405 848-5946  
Oklahoma City, OK 73152-3007