



# Deemed Roth IRA Participation Agreement

[kentuckydcp.ky.gov](http://kentuckydcp.ky.gov)

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Please print. Use only blue or black ink. Sign and date the bottom of the form and return to our office for processing.

## Agreement Type (select one)

New Enrollment  Amendment

## Personal Information

Name: \_\_\_\_\_ SSN or Account Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address (New Address?  Yes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

## Paperless Delivery

**Paperless Delivery Consent:** By providing your email address you are consenting to electronic (paperless) delivery of documents related to your retirement plan, e.g. - statements, confirmations, terms, agreements, etc. Check the box below if you would prefer to receive paper copies of the documents via US Mail to the address provided above.

I do NOT consent to Paperless Delivery. Please provide the documents related to my retirement plan via US Mail.

## Employer Information

Employer Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Number of Pay Periods per Year: \_\_\_\_\_ Number of Billing Cycles per Year (if different than number of Pay Periods): \_\_\_\_\_

## Contribution Method (select one)

Payroll Deduction amounts are per Billing Cycle.

Direct Pay\* (attach check) \$ \_\_\_\_\_ for \_\_\_\_\_ tax year. (Minimum Direct Pay is \$100 per check)

After-Tax Payroll Deduction \$ \_\_\_\_\_. (Minimum Payroll Deduction is \$30 per month)

Effective Pay Date (for Authority use): \_\_\_\_\_

\*I understand that if I elect the Direct Pay option, for the first 7 days, my initial IRA contribution will be invested in the Fixed Contract Fund - 3 then automatically moved to the investment option(s) elected on Page 2.

- Deductions are irrevocably made after-taxes without regard to any future changes in taxes; no partial deductions or "carry overs" to future pay periods will be made.
- This after-tax deduction will continue until changed in accordance with the IRA procedures.
- It is your responsibility to ensure you do not make excess contributions to IRAs including deemed IRAs.
- By signing this form you certify you are not making any other pre-tax or after-tax contributions which would create a deferral amount in excess of the annual IRS limits.
- Any contributions made during the calendar year will be treated as contributed solely for that calendar year.
- To the extent you desire to have contributions that are made between January 1 and April 15 treated as contributions for a prior tax year, this is only an option for contributions made by direct pay.

## Automatic Contribution Increase (optional)

If selected, this increase will automatically occur annually as soon as administratively feasible for the date selected below.

Increases can only occur if you are currently making Roth contributions and must be in the same mode (\$ or %) in which you are currently contributing.

I elect an annual automatic contribution increase of:

Increase Amount \$ \_\_\_\_\_ OR \_\_\_\_\_%

Date of Annual Increase: \_\_\_\_\_ (mm/dd)

I elect to stop my annual automatic contribution increase

## Selection of Investment Options

I understand that with Mutual Funds there is no guarantee of principal. Also, no assurance can be provided that the objective of any Mutual Fund will be attained or will not change, as there is some uncertainty in every investment.

**Please select your option(s) below:** Enter the percent of your contribution amount that you choose to have invested in each fund.

**No Fund Change**

**Percentages must total 100%**

%	Fund Name
	Fixed Contract Fund - 3 <sup>1</sup>
	American Euro Pacific Growth - R6 <sup>2,3</sup>
	Dodge & Cox International <sup>2</sup>
	Fidelity Growth Co Fund - K6
	JPMorgan Equity Income Fund - R6
	MetWest Total Return Bond Fund
	Invesco Government & Agency Portfolio
	Principal Small-MidCap Div Income Fund - R6
	T Rowe Price Instl Mid-Cap Eq Gr <sup>3</sup>
	Vanguard Extended Market Index - Instl Plus
	Vanguard Instl Index - Instl Plus
	Vanguard Wellington - Admiral

%	Fund Name
	Vanguard Target Ret Inc - Instl
	Vanguard Target Ret 2015 - Instl
	Vanguard Target Ret 2020 - Instl
	Vanguard Target Ret 2025 - Instl
	Vanguard Target Ret 2030 - Instl
	Vanguard Target Ret 2035 - Instl
	Vanguard Target Ret 2040 - Instl
	Vanguard Target Ret 2045 - Instl
	Vanguard Target Ret 2050 - Instl
	Vanguard Target Ret 2055 - Instl
	Vanguard Target Ret 2060 - Instl
	Vanguard Target Ret 2065 - Instl
	Vanguard Tot Bond Mkt - Instl

<sup>1</sup>Balances in the Fixed Contract Fund - 3 are restricted from being moved directly into the Invesco Government & Agency Portfolio.  
<sup>2</sup>These funds are designated as restricted funds and thereby limited to four (4) trades (purchases or sales) per rolling 30-day period per restricted fund. Failure to adhere to these limits may result in additional trading restrictions.  
<sup>3</sup>This fund imposes a Purchase Block.

**NOTE:** Percentages must add up to 100%. If your contribution amount does not total 100%, the remaining portion will be invested in the Target Date Fund based upon your date of birth.

## Authorization of Participation and Payroll Deduction

By my signature below, I hereby acknowledge that I have received, read and understand the information below. I certify that I have reviewed and approve the accuracy of the information contained in this form. I understand the Internal Revenue Code provides that this Plan may not be used as a temporary, short-term savings account; therefore, I cannot withdraw deposits merely upon my request.

- I have received, read and understand the Designated Roth Contribution and any applicable product Disclosure Statement(s) and Prospectus(es); and the provisions and fees of the Deemed IRA have been explained to me.
- I understand a copy of the Plan Document(s), including the Deemed IRA, is available from the Authority upon request.
- I understand the Plan and the above named documents are specifically incorporated herein by reference.
- I hereby agree to be bound by the terms of the Deemed IRA and designate my Beneficiary(ies) as listed separately on the Beneficiary Designation Form.
- I understand that the Initial Deemed Roth IRA Participation Agreement, and any Amendment or Termination thereof, may be effective only as of the first pay day administratively practicable.
- I hereby authorize the Authority Staff and its agents to assist me in filling out this form at my direction.
- I acknowledge any assistance by the Authority Staff or its agents is an administrative service only and such service does not constitute investment advice.

I hereby authorize my employer to make the payroll deduction\* (if applicable) indicated in the Deferral Election section on Page 1.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*payroll deduction applies to Roth after-tax dollars only.*

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**(for Authority use)**

Accepted by (print name): \_\_\_\_\_ Agent Code: \_\_\_\_\_

Pay Frequency: \_\_\_\_\_ Payer Code: \_\_\_\_\_ Date Entered: \_\_\_\_\_