



Pre-tax Participation Agreement

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.

Plan Type (check all that apply)

- 457(b) Plan: New Enrollment Amendment
- 401(k) Plan: 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): _____

Deferral Election

457(b) Plan Amount \$ _____ OR _____% **NOTE:** Deferral election amounts are per Billing Cycle. Minimum Deferral is \$30 per month per Plan.
 401(k) Plan Amount \$ _____ OR _____%
Total Amount \$ _____ OR _____% Effective Pay Date (for Authority use): _____

Deductions are made without regard to any future changes in taxes; no partial deductions or "carry-overs" to future billing cycles will be made. This deduction will continue until changed in accordance with Plan(s) procedures. It is your responsibility to ensure you do not make excess contributions to the 457 and/or 401(k) Plans. **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.**

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 pre-tax contributions and must be in the same mode (\$) or (%) in which you are currently contributing.

- I elect an annual automatic contribution increase of:
 - 457(b) Plan Amount \$ _____ OR _____%
 - 401(k) Plan 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

Each Plan selected must total 100%

457(b) %	401(k) %	Fund Name
		Fixed Contract Fund - 3 ¹
		American Euro Pacific Growth - R6 ^{2,3}
		Dodge & Cox International ²
		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 ³
		Vanguard Extended Market Index - Instl Plus
		Vanguard Instl Index - Instl Plus
		Vanguard Wellington - Admiral

457(b) %	401(k) %	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

¹Balances in the Fixed Contract Fund - 3 are restricted from being moved directly into the Invesco Government & Agency Portfolio.

²These 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.

³This fund imposes a Purchase Block.

NOTE: Each plan selected 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 neither Plan may 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 Plan Summary/Highlights Brochure and any applicable product Disclosure Statement(s), and Prospectus(es); and that the provisions and fees of the Plan(s), including the low balance non-activity \$6 fee, have been explained to me.
- I understand a copy of the Plan Document(s) is available from the Authority upon my request and the Plan and the above named documents are specifically incorporated herein by reference.
- I hereby agree to be bound by the terms of the Plan(s) and designate my Beneficiary(ies) as listed separately on the Beneficiary Designation Form or Plan default provision absent Participant instruction.
- I understand the New Enrollment and any Change Enrollment of my Participation Agreement may be effective only as of the first pay day administratively practicable.
- I acknowledge this 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* indicated in the Deferral Election section on Page 1.

Signature: _____ Date: _____

**payroll deduction applies to pre-tax dollars only.*

(for Authority use)

Accepted by (print name): _____ Agent Code: _____

Pay Frequency: _____ Payer Code: _____ Date Entered: _____

Pre-tax* Match Accumulated Benefits Employer Discretionary