

# Participant Enrollment Governmental 457(b) Plan

## State of West Virginia Retirement Plus Deferred Compensation Plan

98947-01

### Participant Information

<p>_____ Social Security Number</p> <p>_____ E-Mail Address</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Unmarried</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Unspecified</p> <p>Mo Day Year                      Mo Day Year _____ _____ _____                     _____ _____ _____  Date of Birth                                      Date of Hire</p> <p><input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.</p>	<p>_____ _____ _____  Last Name                      First Name                      MI <i>(The name provided MUST match the name on file with Service Provider.)</i></p> <p>_____ Mailing Address</p> <p>_____ _____ _____  City                                      State                      Zip Code</p> <p>(    )                                      (    ) Home Phone                                      Work Phone</p> <p>(    ) Mobile Phone</p>
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Do you have a retirement savings account with a previous employer or an IRA?  Yes  No

**Statement Delivery** - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit [www.wv457.com](http://www.wv457.com) for fast and easy enrollment in our Online File Cabinet service.

Payroll Center Name	Payroll Center Number
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**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

%	<u>NAME</u>	<u>TICKER CODE</u>
_____	T. Rowe Price Capital Appreciation I.....	<b>TRAIX</b> <b>TRAIX</b>
_____	Capital Group 2010 Target Date Ret SA.....	<b>N/A</b> <b>V0647A</b>
_____	Capital Group 2015 Target Date Ret SA.....	<b>N/A</b> <b>V0650A</b>
_____	Capital Group 2020 Target Date Ret SA.....	<b>N/A</b> <b>V0653A</b>
_____	Capital Group 2025 Target Date Ret SA.....	<b>N/A</b> <b>V0656A</b>
_____	Capital Group 2030 Target Date Ret SA.....	<b>N/A</b> <b>V0659A</b>
_____	Capital Group 2035 Target Date Ret SA.....	<b>N/A</b> <b>V0662A</b>
_____	Capital Group 2040 Target Date Ret SA.....	<b>N/A</b> <b>V0665A</b>
_____	Capital Group 2045 Target Date Ret SA.....	<b>N/A</b> <b>V0668A</b>
_____	Capital Group 2050 Target Date Ret SA.....	<b>N/A</b> <b>V0671A</b>
_____	Capital Group 2055 Target Date Ret SA.....	<b>N/A</b> <b>V0674A</b>
_____	Capital Group 2060 Target Date Ret SA.....	<b>N/A</b> <b>V0677A</b>
_____	Capital Group 2065 Target Date Ret SA.....	<b>N/A</b> <b>V0680A</b>
_____	Capital Group 2070 Target Date Ret SA.....	<b>N/A</b> <b>V0683A</b>

%	<u>NAME</u>	<u>TICKER CODE</u>
_____	American Funds Eupac R6.....	<b>REGX</b> <b>REGX</b>
_____	American Funds New Perspective R6.....	<b>RNPGX</b> <b>RNPGX</b>
_____	Baron Small Cap Instl.....	<b>BSFIX</b> <b>BSFIX</b>
_____	PIMCO RAE US Small Instl.....	<b>PMJIX</b> <b>PMJIX</b>
_____	Vanguard Small Cap Index Instl.....	<b>VSCIX</b> <b>VSCIX</b>
_____	American Century Mid Cap Value R6.....	<b>AMDVX</b> <b>AMDVX</b>
_____	T. Rowe Price Mid-Cap Growth I.....	<b>RPTIX</b> <b>RPTIX</b>
_____	Vanguard Mid Cap Index Ins.....	<b>VMCIX</b> <b>VMCIX</b>
_____	American Funds Fundamental Investors R6.....	<b>RFNGX</b> <b>RFNGX</b>
_____	Fidelity Contrafund.....	<b>FCNTX</b> <b>FCNTX</b>
_____	JPMorgan Equity Income R6.....	<b>OIEJX</b> <b>OIEJX</b>
_____	Vanguard Institutional Index I.....	<b>VINIX</b> <b>VG-IND</b>
_____	Vanguard Total Bond Market Index Inst.....	<b>VBTIX</b> <b>VBTIX</b>
_____	West Virginia Fixed Fund.....	<b>N/A</b> <b>WVFIX</b>

**= 100% MUST INDICATE WHOLE PERCENTAGES**

**Plan Beneficiary Designation**

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

**The number of primary and contingent beneficiaries you name is not limited. If you wish to designate more beneficiaries, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.**

**Primary Beneficiary**

% of Account Balance ( )	Primary Beneficiary Name	Date of Birth
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other	
	<input type="checkbox"/> Domestic Partner	

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	<input type="checkbox"/> Domestic Partner	

**Primary Beneficiary**

% of Account Balance ( )	Primary Beneficiary Name	Date of Birth
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other	
	<input type="checkbox"/> Domestic Partner	

**Contingent Beneficiary**

% of Account Balance ( )	Contingent Beneficiary Name	Date of Birth
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other	
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## Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**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 Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. 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. I 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.

**Compliance With Plan Document and/or the Code** - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the 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.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

## Signature(s) and Consent

### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

### Participant Signature

### Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

### After all signatures have been obtained, this form can be:

#### Uploaded electronically to:

Login to account at

[www.wv457.com](http://www.wv457.com)

Click on *Upload Documents* to submit

OR

#### Sent regular mail to:

Empower

PO Box 173764

Denver, CO 80217-3764

OR

#### Sent express mail to:

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

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