

# STATE OF WEST VIRGINIA DEFERRED COMPENSATION PLAN PARTICIPATION AGREEMENT

Rev. 5/3/2021

Check √the appropriate transaction below	W.		
Auto Enrollment	Agency Transfer	Suspend Salary Deferral	Name/Address Change
New Enrollment	Increase/Restart Salary Deferral	Age 50 Catchup	Termination / Retirement Date:
Decline Automatic Enrollment	Decrease Salary Deferral	Special Catchup	
	PARTICIPANT II		
NAME: LAST	FIRST	MIDDLE	Date of Birth
ADDRESS: STREET			
CITY	STATE	ZIP	Social Security #
AGENCY / POLITICAL SUBDIVISION	N		Date of Employment
PHONE: HOME	CELL	WORKF	ormer Plan Participant? Check if yes
EMAIL		Ag	gency / Political Subdivision Work Location
	DEFERRAL I	ELECTION	
Before Tax Contributions: I elect to cont	ribute the following amount per pay perio	d of my compensation as before-ta	ax contributions to the Plan.
<b>\$100 \$50</b>	\$25 S10 Other	er (write in amount) \$	or% of salary
Roth Contributions: I elect to contribute	the following amount per pay period of m	y compensation after-tax as a desi	gnated Roth contribution to the Plan.
\$100 <b>\$50</b>	\$25	er (write in amount) \$	or% of salary
Effective Date: This agreement will be eff date indicated on the designated line, exc			
following receipt of this form.	spr susperioring your salary deterral will b	e eliective tile ilist available payda	Effective Date
EMPLOYEE AGREEMEN	T TO PARTICIPATE IN 457 DEFERR	ED COMPENSATION PLAN / A	UTOMATIC ENROLLMENT
Plan) upon executing and filing a Partic Plan and an amount equal to \$10 per partic.	ble employees may elect to join and be ipation Agreement with the State. Emp ay period will be deducted from your pa the Plan at this time, please check the our date of employment. If you elect t	ecome participants in the Plan (s loyees hired on or after July 1, 2 ay and deposited into an accoun e "Decline Automatic Enrollment"	ubject to the limitations established in the 007 will be automatically enrolled into the t in your name, to be invested under the option above and return the form to your
<ol> <li>I elect to participate in the Plan and</li> <li>I agree that all rights to the deferre</li> <li>I agree that the elections indicated maximum dollar amount allowed up</li> </ol>	d agree to defer compensation to the P d compensation shall be governed by the above will remain in effect until later of the Plan and Code. If the latter of the any Internal Revenue Code deferral	the terms and conditions of the F nanged or revoked by me or my curs, my salary deferral election	Plan and Code. contributions during any year reach the will automatically stop.
TO DI	ESIGNATE A BENEFICIARY CALL 1-	800-551-4218 OR VISIT www.W	V457.com
I certify that the information on this fo	rm is true, complete and accurate.		KEEP A COPY FOR YOUR RECORDS. RETURN COMPLETED FORM TO YOUR PAYROLL/BENEFITS COORDINATOR
Employee Signature	Date		
Payroll/Benefit Coordinator Signat	ture Only Date	State Ac	ency/Political Subdivision

# **Participant Enrollment** Governmental 457(b) Plan



# State of West Virginia Retirement Plus Deferred Compensation Plan

98947-0

Participant Information		1 81		P	
Social Sect	urity Number	Last Name	First Name	MI	
E-Mail	Address	Address - Number & Street			
Mo Day Year	Mo Day Year	City	State ( )	e Zip Code	
Date of Birth	Date of Hire	Home Phone	Wor	k Phone	
Annua	1 Income				
<ul> <li>Check box if you prefer to re statements in Spanish.</li> </ul>	eceive quarterly account	Do you have a retirement savings account with a previous employer or an IRA?   Yes or  No			
	eant quarterly statements are sent reg www.wv457.com for fast and easy			environmentally	
Payroll Cen	ter Name	Daves	oll Capter Number		
Managed Assessment Services		rayn	oll Center Number		

## Managed Accounts Service Information

The Managed Accounts Service provided by Advised Assets Group, LLC ("AAG") will automatically direct your investment election for future contributions and will rebalance your account quarterly, if necessary. This election will be effective the day of receipt if received in good order by Service Provider prior to New York Stock Exchange market close. Any request received after New York Stock Exchange market close will be considered received the next business day. By electing the Managed Accounts Service, I agree to the fees associated with this service and understand the fee will be deducted from my account on a quarterly basis in accordance with the attached Managed Accounts Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

#### **Managed Accounts Service:**

By checking this box, I elect to have my account professionally managed by Advised Assets Group, LLC ("AAG") until such time as I revoke or amend my election.

#### -OR-

### **Select My Own Investment Options:**

**GWRS FENRAP 11/30/16** 

- □ I elect to direct my own investments. By declining the Managed Accounts Service, I agree to, understand and acknowledge the following:
  - 1. I had the opportunity to have an investment expert, Advised Assets Group, LLC ("AAG"), make investment decisions on my behalf and I chose not to accept this option.
  - 2. I am required to direct all the investments of my accounts (current balance, future contributions and rollover monies) in this Plan by completing the investment election in the Investment Option Information section.
  - 3. I take full responsibility for my own investment elections.
  - 4. I have received and reviewed the information in my enrollment kit about my investment choices and have had an opportunity to freely choose how my accounts are invested. I further understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

**ADD NUPART** 

Make your investment election for future deposits in the Investment Option Information section.

Last Name	First Nam	ne	<u>M.I.</u>	Social Security	Number	98947-0 Number	1
Do not complete	this section if we	u ava alaa	time to	·			0
Do not complete t			_ <u>_</u>				
Investment Option Inf regarding each investment	<b>formation (applies to</b> coption.	all contribu	utions) - P	lease refer to your	communication	on materials for	information
I understand that funds ma stated in the fund's prospec information.	y impose redemption fe ctus or other disclosure	es on certain to documents. I v	ransfers, re will refer to	demptions or exch the fund's prospe	anges if assets ctus and/or dis	are held less that closure document	n the period nts for more
	STMENT OPTION			INV	ESTMENT O	PTION	
% NAME	TIC	KER CODE	%	NAME		TICKER	CODE
Great-West Lifetime 201	5 Fund II InstMXM	ZX MXMZX		Vanguard Mid Cap Ind			VIMAX
<del></del>	5 Fund II Inst MXP			American Funds Grow			RGAFX
	5 Fund II InstMXR.			American Funds Fund			RFNFX
	5 Fund II InstMXV 5 Fund II InstMXY			Fidelity Contrafund			FCNTX OIEJX
	eific Gr R5 RERF			JPMorgan Equity Inco T. Rowe Price Growth			TR-GI
	rspective R5 RNPF			Vanguard 500 Index A			VFIAX
	BSFIX		-	Invesco Equity and Inc			IEIFX
Delaware Small Cap Val	ue InstlDEVI	X DEVIX		T. Rowe Price Capital	Appreciation	PRWCX	PRWCX
	ex AdmVSMA			Vanguard Total Bond			VBTIX
	Cap Value Inst AVUA			Guaranteed Interest Fu	ınd	N/A	WVGIF
T. Rowe Price Mid Cap C	Growth Fund RPM	GX TR-MCG	= 100	% MUST INDI	CATE WHO	LE PERCENT	AGES
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Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).

				98947-01
Last Name	First Name	M.I.	Social Security Number	Number

#### **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/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - If I elect to direct my own investments, 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.

I understand if I elect to have my account managed by Advised Assets Group, LLC ("AAG"), that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the Managed Accounts Service, I understand that I must provide my Social Security number, date of birth, gender, marital status and annual income. If any of this information is not provided, I understand that I will not be enrolled in the Managed Accounts Service.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator/Trustee 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.

Managed Accounts Service Fee - If you elect the Managed Accounts Service, a quarterly fee will be assessed. If you wish to opt-out in the future please call an Advised Assets Group, LLC ("AAG") Representative at your Plan's the Voice Response System number.

## Signature(s) and Consent

#### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the Managed Accounts Agreement. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

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Date

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

Participant forward to Service Provider at: Empower Retirement PO Box 173764 Denver, CO 80217-3764 **Express Address:** 8515 E. Orchard Road, Greenwood Village, CO 80111 Phone #: 1-800-551-4218

1-866-745-5766

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.