

SEND COMPLETED FORM TO:

Fax: 614.222.9457

Mail: Ohio Deferred Compensation 257 East Town St., Suite 457 Columbus, Ohio 43215-4626

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

EZ Enrollment Form

PERSONAL INFORMATION (please print)		ENROLLMENT INSTRUCTIONS
Name0 Address	🗌 Male 🔲 Female	I want to enroll in the Program today and begin contributing:
<u>မ</u>		 \$50 per pay period \$ per pay period
Email Address		(minimum \$15)
Employer Date of Birth /Number of pay periods per year Pension System: (<i>circle one</i>) OPERS STRS SERS OP& I currently have other tax-deferred retirement assets in: (<i>circle any</i>) that apply 457 401(k) 401(a) 403(b) Traditional IRA done	Other	A pre-tax payroll deduction will be invested into the LifePath portfolio closest to the year in which I turn age 65. I understand that deferrals will be- gin on the next pay date 30 days from the date my form is received by the Program, and that upon receipt of this
I acknowledge that I have read the terms and conditions detailed below. form I will receive a Program Welc Kit. Changes can be made at any to		form I will receive a Program Welcome Kit. Changes can be made at any time. Please be sure to provide your SSN,
Signature O Date	01/10	signature, and date.
Social Security Number C		nen unternangen sommen förstade et systemmen som men som en som etter som som som som som som som etter som so

TERMS AND CONDITIONS

Upon receipt of this enrollment form, you will be mailed a Welcome Kit that will include a copy of the Cancellation Form, Beneficiary Form, Memorandum of Understanding, and Plan Document with more detailed information on the provisions outlined below:

- My account balance will be held by Ohio Deferred Compensation in trust on behalf of my employer for the exclusive beneficiaries.
- I may cancel my participation, before my forms are processed, by calling 1-877-644-6457 within seven days from the date that signed the enrollment form.
- Based on market fluctuations, the rate of return on the account could be either positive or negative. This could result in my account balance being worth less than my contributions.
- Investments have underlying expenses or management fees that will reduce the investment results. Information on these expenses can be found in the investment profiles or the aspective prospective (es).
- Fund prospectuses can be obtained by calling 1-877-64 6457. Before investing, carefully consider the fund's investment objectives, risks, charges, and expenses. The fund prospectus contains this and other important information. Read the prospectuses carefully before investing.

The Internal Revenue Service imposes rules that limit the times when I can make changes or receive withdrawals from the Program.

- At any time, I may change the amount I defer or the allocation of my future investment options.
- I may withdraw funds from the Program only upon:
 - 1) Severance from employment (including termination or death)
 - 2) An Unforeseeable Emergency (as defined by IRC section 457)
 - 3) Small Balance Distribution (see Plan Document for eligibility)
- Withdrawals may begin after my severance from employment and the Program's receipt of my employer's verification of severance, final deferral, and Withdrawal Election form.
- Distributions must satisfy certain minimum requirements upon attaining age 70½.
- The funds in my account may be eligible for rollover to a traditional IRA or to an eligible retirement plan upon severance from employment.
- I realize my participation is for long-term retirement savings and I should maimain separate, available emergency funds to cover day-to-day, una Gicipated, financial shortages.
- An Unforeseeable Emergency is defined by the IRS as a severe financial hardship. Please see the Program Plan Document for specific details. The purchase of a home, credit card debt, and the need to send your children to college are not qualifying events.