

ENROLLMENT FORM



YOUR INFORMATION

Name: _____ Social Security Number: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Employer or State Agency: _____ Hire Date: _____ Email: _____

You can contribute on a pre-tax or Roth (after-tax) basis. Minimum \$25 monthly.

Deferral Amount: a) Pre-tax \$ _____

b) Roth (after-tax) \$ _____

INVESTMENT OPTIONS

OSGP offers two ways to invest: choose a Target Date Fund for a simpler approach to investing or select among the eight investment options. Percents must be whole and equal 100%. You may change your investment elections at any time.

Target Date Funds

Select the fund closest to the date you plan to begin withdrawing money from your account:

LifePath 2055 _____% LifePath 2045 _____% LifePath 2035 _____% LifePath 2025 _____% LifePath 2015 _____%

LifePath 2050 _____% LifePath 2040 _____% LifePath 2030 _____% LifePath 2020 _____% LifePath Retirement _____%

Individual Asset Class Funds

Short-Term Fixed Income Option _____% Stock Index Option _____%

Stable Value Option _____% Large Company Growth Stock Option _____%

Intermediate Bond Option _____% International Stock Option _____%

Large Company Value Stock Option _____% Small/Mid-Size Company Stock Option _____%

For a description of each investment option, including the expected risk and return for each category, refer to the *Investment Options Booklet* at www.oregon.gov/pers/osg or included with the *Enrollment Guide*. Be sure to review the booklet before choosing your investments. You may also review the Performance Report online for historical performance. Statements about the relative risk and return of investment options do not represent predictions of how the investments will perform in the future, but rather provide only a general description of the current investment and how it has performed in the past. The disclosure statement and other information provided by the State is not intended to provide individualized investment counseling, but only general information. Employees who participate in the Oregon Savings Growth Plan will be entitled only to the assets that are lawfully credited to their account when those assets are distributed. **I understand and acknowledge that, as a participant in OSGP, I assume the risk that, at the time of distribution, the investments related to my account may have decreased in value or become valueless.**

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01 _____

02 _____ \$ _____ or _____% Sal _____

03 _____ 403/457 _____

LG _____ Approval _____ 10/12 mo. _____
OSGP Manager or Designee

SL3

I understand:

1. I authorize my employer to deduct the contribution amount specified on this form and invest in the investment options selected. I understand that the maximum combined pre-tax and Roth after-tax deferral amount, plus catch-up contributions, cannot exceed the annual IRS maximum contribution amount. The Oregon Savings Growth Plan (OSGP) assets may be eligible for rollover into an Individual Retirement Account (IRA) or other eligible plan, depending on the terms of the Plan receiving the assets, and the Oregon Administrative Rules.
2. OSGP assets are held in trust for the benefit of the participants and their beneficiaries.
3. Crediting of earnings is based on the date of deposit by the investment providers, not pay day.
4. In the event a financial institution or investment provider becomes financially insolvent, the State is liable for only the amount in the participant's account regardless of the amount deferred or earned. (The State of Oregon is liable only for account balance.)
5. At the time I sign this Enrollment form, I must also complete a Designation of Beneficiary form.
6. All returns are net of all fees. The fees for administration, record keeping, communications, counseling, customer service and custodial services are 0.18 percent. The weighted cost for the investment provider contract and investment management fees range from 0.03½ percent to approximately 0.56 percent. (Fees listed are as of July 2011, and are subject to change.) Additional fees may be assessed for plan-to-plan transfers and processing and administration of court orders approved in accordance with the IRC, the Plan, and Oregon law, including chapter 459 of the Oregon Administrative Rules.
7. OSGP is not a savings account. I cannot withdraw the money unless I have a Qualifying Severance from Employment as defined by the Plan and Internal Revenue Code. In the event of my death, my beneficiary will receive the assets.
8. If I have an unforeseeable emergency, I may request the amount of assets required to meet the immediate need. Upon request, OSGP will provide me with an Unforeseeable Emergency Withdrawal Packet to complete and submit for approval or denial by the Plan Manager. An Unforeseeable Emergency distribution is not eligible for rollover into an IRA or other qualified plan, and the beneficiary or alternate payee under a court order are not eligible for distribution for an unforeseeable emergency.
9. If I have less than \$5,000 in my account and I have not contributed to the Plan for a minimum of two years, I may request to have the balance of my account distributed to me. I can select this option only once.
10. I may elect the method of how I receive the assets up to 30 days prior to the date selected. Pre-tax contributions are taxable when distribution begins; after-tax contributions taken before the end of the five-year holding period and prior to age 59½ are considered non-qualified distributions and any earnings will be taxed as ordinary income. The contribution portion of any Roth 457 distribution is tax free since taxes were paid. Early withdrawals from assets rolled over from some plans (such as 403(b) and 401(k)) before age 59½ may be subject to an additional 10 percent tax withholding. Certain withdrawals may be subject to a mandatory 20 percent federal tax withholding.
11. The earliest I may receive payment from the Plan is 30 days after Severance from Employment as defined in the Plan and Agreement and the Internal Revenue Code. I must start receiving the funds no later than April of the year following age 70½, unless I am still employed by the employer sponsoring OSGP.
12. The payout options are based on Section 457 of the Internal Revenue Code. These options include: Lump Sum, Partial Lump Sum, Specified Period (Systematic Withdrawal), Specified Payment, and Minimum Distribution.
13. OSGP's office retains the right to change my method of distribution to comply with federal regulations and to change my timing of distribution if paperwork cannot be processed in the month selected.
14. OSGP is designed for long-term investment and easy periodic adjustment of asset allocation. Transfer of assets between investment options can occur any day the stock market is open. However, trades may not exceed \$100,000, a purchase attributable to a trade may not be redeemed in the International Stock Option for 30 days following the date of the trade, and no trade may move monies directly from the Stable Value Option to the Short-Term Fixed Income Option, the Intermediate Bond Option or Self-Directed Brokerage Option. Limitations on individual transfers may be imposed in any option if trading activity of any participant is deemed excessive by Plan administration or any underlying investment provider. These restrictions are subject to change.
15. I may be eligible to borrow from my OSGP account if my employer adopts the loan program, and if I meet all requirements and have sufficient funds to do so. I understand that loans must be paid back through payroll deduction, and if I default on the loan, the balance will be treated as a distribution and will be subject to state and federal taxes.

I have read and understand the information stated above and reviewed the appropriate fund information. I accept the terms and agree to them.

X

Participant's Signature (Do not print)

Date

DESIGNATION OF BENEFICIARY



Name	Social Security Number
Address	
City, State, Zip	Phone Number

If you choose the Standard Beneficiary Designation, DO NOT complete the beneficiary information on the following page. To designate Specific Beneficiary, complete back of form. I hereby revoke any and all previous designations of beneficiary (ies) and designate the person(s) named below as my beneficiary(ies) to receive my Oregon Savings Growth Plan account assets in the proportions indicated below.

Standard Designation of Beneficiary

- I elect the Standard Designation of Beneficiary
 - (a) To **my spouse**: and if he or she does not survive me, then to
 - (b) my **child or children** in equal shares, and the share of any child who does not survive me to his or her children living at my death in equal shares; but, if none of my children survive me then to the children of my children living at my death in equal shares; and if neither my children nor any of their children survive me, then to
 - (c) my **mother and father** in equal share or to the survivor; and if neither survives me, then to
 - (d) my **brothers and sisters** in equal shares, and the share of any brother and sister who does not survive me to his or her children living at my death in equal shares; but if none of my brothers and sisters survive me, then to the children of my brothers and sisters living at my death in equal shares, then to
 - (e) my **estate**.

The terms "child" and "children," as used in this beneficiary designation shall include both natural born and adopted children, whether born or adopted before or after the date on which I selected this beneficiary.

No payment shall be made to persons included in any of the above groups should there be living at the date of my death person in any groups preceding it as listed.

Except as designated above, no dependents of any beneficiary who does not survive me will take any interest or benefit in property subject to this designation.

If you elect this option, your designation will create a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family as established by Oregon law.

In the event of your death, the value of your account, except for any portion invested through the Self-Directed Brokerage Option, will be transferred from the previous investment options into the Stable Value Fund to preserve the value of the account pending distribution to the designated beneficiary(ies)."

I understand this designation is not effective until received and approved by the Oregon Savings Growth Plan.

X _____
Participant's Signature (Do not print) Date

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<input type="checkbox"/> Participant	<input type="checkbox"/> Alternate Payee <input type="checkbox"/> Beneficiary
Cross-reference Participant Social Security Number	
Approved by Oregon Savings Growth Plan Manager or Designee	Date

Instructions:

- Do not use white-out or cross anything out. ALTERATIONS WILL VOID THIS FORM. If a change is required, use a new form.
- More than one primary beneficiary may be named. If more than one is named, all payments will be split equally between the primary beneficiaries unless an allocation is designated.
- More than one contingent beneficiary may be named. If more than one is named, all payments will be split equally between the contingent beneficiaries unless an allocation is designated. A contingent beneficiary receives benefits only if he/she survives the participant and the primary beneficiary(ies).
- Always write full given names. For example, Mary R. Doe (not Mrs. Robert Doe).
- To designate a trust, name a trustee and a successor trustee rather than the trust itself, e.g., To John Doe (name) trustee, or Jane Doe (name), successor trustee, of the (name of trust, dated (date), held by (name and address).
- To designate your estate as beneficiary, write "The Personal Representative, Executor, or Administrator of my Estate."

Primary Beneficiary Name	Social Security Number*	Address (Street, City, State, Zip)	Date of Birth	Relationship to Participant	%

Contingent Beneficiary Name	Social Security Number*	Address (Street, City, State, Zip)	Date of Birth	Relationship to Participant	%

* Providing a Social Security Number (SSN) is voluntary. It will be used for confirmation purposes only. Failure to supply a SSN may delay the processing of benefits to a beneficiary.

I understand this designation is not effective until received and approved by the Oregon Savings Growth Plan.

X _____
Participant's Signature (Do not print) Date

In compliance with the Americans with Disabilities Act, staff will provide assistance in filling out this form to anyone who needs it. You may request assistance from your Oregon Savings Growth Plan representative by calling 503-378-3730 or TTY 503-378-4942.

Mail this form to:

Oregon Savings Growth Plan
800 Summer Street NE Suite 200
Salem, OR 97301