# OKLAHOMA COUNTY 457 (b) PLAN
# NEW ENROLLMENT PARTICIPATION ELECTION FORM

Please Print: Effective Date: _____

Social Security #: _____

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Marital Status: _____ Daytime Phone #: _____

Hire Date: _____ Rehired: YES or NO If yes, previous employment dates: _____

Department: _____ E-Mail Address: _____

Employee Contribution Per Pay Period: $ _____

## INVESTMENT DIRECTION

*In the event the Trustee does not receive a proper direction for the election of an Investment Option, the Accounts of such Participant shall be invested in the default investment until the Trustee receives a proper direction which will be effective thereafter.

| **Method One** | **Style** | **Symbol** | **Percentage** |
|---|---|---|---|
| Mellon Stable Value | Stable Value | | % |
| Invesco Treasury Portfolio | Money Market | TRPXX | % |
| Vanguard Short-Term Treasury | Intermediate Bond | VFIRX | % |
| Pimco Total Return | Intermediate Bond | PTTDX | % |
| Vanguard GNMA | Intermediate Bond | VFIJX | % |
| Vanguard Total Bond Market Index | Bond Index | VBTLX | % |
| Templeton Global Bond Fund | Intermediate Bond | FBNRX | % |
| American Funds Grth Fund of Amer R6 | Large Growth | RGAGX | % |
| Harbor Capital Appreciation Instl | Large Growth | HACAX | % |
| Vanguard 500 Index | S & P Index | VFIAX | % |
| American Funds American Mutual R6 | Large Value | RMFGX | % |
| T. Rowe Price Equity-Income | Large Value | PRFDX | % |
| Neuberger Berman Genesis R6 | Mid Cap Growth | NRGSX | % |
| Columbia Acorn Z | Mid Cap Growth | ACRNX | % |
| Vanguard Mid Capitalization Index | Mid Cap Blend | VIMAX | % |
| Vanguard Selected Value Fund | Mid Cap Index | VASVX | % |
| TIAA-CREF Instl Mid-Cap Value Retire | Mid Cap Value | TRVRX | % |
| MSIF Small Company Growth Fund I | Small Growth | MSSGX | % |
| American Beacon Stephens Small Cap Growth | Small Growth | STSIX | % |
| Vanguard Small Cap Index | Small Cap Index | VSMAX | % |
| Keeley Small Cap Value | Small Blend | KSCIX | % |
| Royce Opportunity Inv | Small Value | RYPNX | % |
| Royce Total Return Invt | Small Value | RYTRX | % |
| Invesco International Growth R5 | International Growth | AIEVX | % |
| Artisan International Adv | International Growth | APDIX | % |
| Harbor International Instl | International Value | HAINX | % |
| Dodge & Cox International Stock | International Value | DODFX | % |
| **Method Two** | | | |
| Vanguard Target Retirement Income Inv | Balanced | VTINX | % |
| Vanguard Target Retirement 2015 Inv | Balanced | VTXVX | % |
| Vanguard Target Retirement 2025 Inv | Balanced | VTTVX | % |
| Vanguard Target Retirement 2035 Inv | Balanced | VTTHX | % |
| Vanguard Target Retirement 2045 Inv | Balanced | VTIVX | % |
| Vanguard Target Retirement 2055 Inv | Balanced | VFFVX | % |
| Dodge & Cox Balanced | Balanced | DODBX | % |
| | | | 100% |

Signature of Participant: _____ Date: _____

# OKLAHOMA COUNTY 457(b) PLAN
# DESIGNATION OF BENEFICIARY FORM

Social Security #: _____

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary under the Plan:

## Beneficiary Designation

Primary Beneficiary:

| Name | Relationship | Social Security Number | Date of Birth | % Share |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Contingent Beneficiary:

| Name | Relationship | Social Security Number | Date of Birth | % Share |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me. If no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts to my Estate. I understand that this election form and/or beneficiary designation will remain in effect for the plan year and subsequent plan years until I provide the Employer with other instructions. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary reduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand the Plan Administrator will treat my failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

Signature of Participant:_____ Date_____