

# OKLAHOMA COUNTY DEFINED CONTRIBUTION RETIREMENT PLAN NEW ENROLLMENT PARTICIPATION ELECTION FORM

PLEASE PRINT:

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: \_\_\_\_\_

### 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.

Choose investment choices from Method One or Method Two.

	Style	Symbol	Percentage
<u>Method One</u>			
SEI Stable Value Fund	Stable Value		_____ %
STIC Prime Portfolio Fund	Money Market		_____ %
Vanguard Short-Term Treasury	Money Market	VFISX	_____ %
Pimco Total Return R	Intermediate Bond	PTRRX	_____ %
Vanguard GNMA	Intermediate Bond	VFIIX	_____ %
Vanguard Total Bond Market Index Signal	Bond Index	VBTSX	_____ %
American Century International Bd Inv	Bond Index	BEGBX	_____ %
American Funds Grth Fund of Amer R6	Large Growth	RGAGX	_____ %
Harbor Capital Appreciation Instl	Large Growth	HACAX	_____ %
Vanguard 500 Index Signal	S & P Index	VIFSX	_____ %
Dodge & Cox Stock	Large Value	DODGX	_____ %
T. Rowe Price Equity-Income	Large Value	PRFDX	_____ %
Neuberger Berman Genesis Inv	Mid Cap Growth	NBGNX	_____ %
Dreyfus Premier S&P Stars Opp I	Mid Cap Growth	DSORX	_____ %
Vanguard Mid Capitalization Index Signal	Mid Cap Index	VMISX	_____ %
TCW Galileo Value Opportunities I	Mid Cap Blend	TGVOX	_____ %
TIAA-CREF Instl Mid-Cap Value Retail	Mid Cap Value	TCMVX	_____ %
Morgan Stanley Inst Small Co Gr I	Small Growth	MSSGX	_____ %
Royce Value Plus K	Small Growth	RVPKX	_____ %
Vanguard Small Cap Index Signal	Small Cap Index	VSISX	_____ %
Keeley Small Cap Value	Small Blend	KSCVX	_____ %
Royce Opportunity Inv	Small Value	RYPNX	_____ %
Royce Total Return Invt	Small Value	RYTRX	_____ %
AIM International Growth I	International Growth	AIEVX	_____ %
Artisan International Inv	International Growth	ARTIX	_____ %
Harbor International Instl	International Value	HAINX	_____ %
Dodge & Cox International Stock	International Value	DODFX	_____ %
<u>Method Two (Pick One)</u>			
Vanguard Target Retirement Income	Balanced	VTINX	_____ %
Vanguard Target Retirement 2005	Balanced	VTOVX	_____ %
Vanguard Target Retirement 2015	Balanced	VTXVX	_____ %
Vanguard Target Retirement 2025	Balanced	VTTVX	_____ %
Vanguard Target Retirement 2035	Balanced	VTTHX	_____ %
Vanguard Target Retirement 2045	Balanced	VTIVX	_____ %
Dodge & Cox Balanced	Balanced	DODBX	_____ %

OKLAHOMA COUNTY DEFINED CONTRIBUTION RETIREMENT 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(s), if he or she survives me. If no primary beneficiary survives me, then to the contingent beneficiary(s), and if no named beneficiary survives me, then the Trustee will pay all amounts according to the plan document. 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 Plan administrator with other instructions.

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.

Signature of Participant: \_\_\_\_\_

Date \_\_\_\_\_