



# The Kentucky Public Employees' Deferred Compensation Authority

101 Sea Hero Road, Suite 110  
Frankfort, KY 40601  
502.573.7925 or Toll Free 800.542.2667  
[www.kentuckydcp.com](http://www.kentuckydcp.com) Fax 502.573.4494

## Participation Agreement 457 and 401(k) Pre-Tax Plans

Please print. Use only blue or black ink. Complete all items except the shaded areas. Sign and date the bottom of the form and return the top two copies to our office for processing.

### I. Personal Identification Data:

1. NAME: (Last) Mr. Ms.	(First)	(M.I.)	2. DOB:	3. SSN #:
4. Mailing address: (Street, P.O. Box, etc)			5. City:	6. State:
7. Zip Code:		8. Home phone #:	9. Work phone #:	10. E-mail:
11. Name of your Employer:		12. County of Employer:		13. Current hire date:
14. Pay periods per year:				15. Select <u>only one (1)</u> method of deferral:
(A) Percent of salary _____ % (Approved employers only)				(B) Dollar amount <u>per pay</u> \$ _____ per pay period (Minimum \$30 per Month)
16. Effective pay date:				

### II. Selection of Investment Options:

I understand that with Mutual Funds there is no guarantee of principal. Also, no assurance can be provided that the objective of any Mutual Fund will be attained or will not change, as there is some uncertainty in every investment.

17. Please select your option(s) below: Enter the percent of your contribution amount that you choose to have invested in each fund(s). Percentages must total 100%. If you are deferring into both the 457 and 401(k) Plan, the combined total must equal 100%.

457 %	401(k) %			457 %	401(k) %		
		Fixed Contract - 3 ^	KFC3			Fidelity Freedom 2040	FFFF
		Allianz NFJ Dividend Value Instl.	NFJE			Fidelity Growth Company	FDGR
		American Century Small Cap Value Inst	ACVI			Goldman Sachs High Yield	GSHI
		American EuroPacific Growth (R5) * **	RERF			Growth Fund of America (R5) **	RGAF
		Davis NY Venture Y	DNVY			Neuberger Berman Genesis Instl	NBGI
		Dodge & Cox International * **	DODF			T Rowe Price Instl Mid-Cap Equity Gr	PMEG
		Federated Int. Small-Mid Co. Instl * ***	ISCI			Vanguard Explorer Adm	VEXR
		Federated Prime Obligations Inst. MM	POIX			Vanguard Institutional Index	VINI
		Federated U.S. Government 2-5- Yrs *	FIGT			Vanguard Mid-Cap Index Instl	VMCI
		Fidelity Contra	FCNT			Vanguard Small-Cap Index Instl.	VSCI
		Fidelity Freedom Income	FFFA			Vanguard Total Bond Mkt Index Instl	VBTI
		Fidelity Freedom 2010	FFFC			Vanguard Wellington Adm	VWEN
		Fidelity Freedom 2020	FFFD			Virtus Mid-Cap Value	PIMV
		Fidelity Freedom 2030	FFFE			Western Asset Core Plus Bond Instl	WACP

^ Balances in the Fixed Contract-3 are restricted from being moved directly into Federated Prime Obligations MM or Federated US Govt. Securities Fund.

\* These funds are designated as restricted funds and thereby limited to four (4) trades (purchases or sales) per rolling 30-day period per restricted fund. Failure to adhere to these limits may result in additional trading restrictions.

\*\* These funds impose a Purchase Block.

\*\*\* This fund is currently subject to a 2% redemption fee on assets held less than 30 days.

### III. Authorization of Participation:

By my signature below, I hereby acknowledge that I have received, read and understand the Plan Summary/Highlights Brochure and any applicable product Disclosure Statement(s), and Prospectus (es); and that the provisions and fees of the Plan(s) including the account non-activity fee (\$6) have been explained to me. I understand that a copy of the Plan Agreement(s) is available from my employer or from the Authority upon my request. I further understand that the Plan and the above named documents are specifically incorporated herein by reference. I hereby agree to be bound by the terms of the Plans and designate my Beneficiary (ies) as listed separately on the Beneficiary Designation Form or Plan default absent Participant instruction. I understand that the initial Agreement and any Amendment or Termination of my Participation Agreement may be effective only as of the first pay day administratively practicable, occurring in the next calendar month following the date of acceptance by the Authority. **I understand the Internal Revenue Code provides that neither Plan may be used as a temporary, short-term savings account; therefore, I cannot withdraw deposits merely upon my request. Please initial \_\_\_\_\_ I Acknowledge that I have read this statement.**

### IV. Authorization for Payroll Deduction

Employee Name (print) \_\_\_\_\_ SS# \_\_\_\_\_

PAY FREQ.		PAYER	
<input type="checkbox"/> B	<input type="checkbox"/> M	<input type="checkbox"/> O	

I hereby authorize my employer to make the following payroll deduction effective with the pay date of \_\_\_\_\_

The new reduction amount shall be (A) \_\_\_\_\_% (percentage of salary available only to approved employers)

or (B) \$ \_\_\_\_\_ per paycheck

This represents:  NEW ENROLLMENT  AMENDMENT



Deductions are made without regard to any future changes in taxes; no partial deductions or "carry-overs" to future pay periods will be made. This deduction will continue until changed in accordance with Plan(s) procedures. A participant can change payroll deductions only by filing an official amended "Participation Agreement" form with the Authority.

*It is your responsibility to ensure you do not make excess contributions to the 401(k) or 457 Plan.*

18. Participating employee's signature	19. Date signed	20. Accepted by:	Rep
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