WV457.gov

Participant Enrollment
Governmental 457(b) Plan

State of West Virginia Retirement Plus Deferred Compensation Plan 98947-01

Participant Information

Social Security Number

Last Name | First Name | MI

(The name provided MUST match the name on file with Service Provider.)

E-Mail Address

Mailing Address

City | State | Zip Code

❑ Married ❑ Unmarried

❑ Female ❑ Male ❑ Nonbinary ❑ Unspecified

Mo Day Year — Date of Birth

Mo Day Year — Date of Hire

( ) Home Phone

( ) Work Phone

( ) Mobile Phone

❑ Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? ❑ Yes ❑ No

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit www.wv457.com for fast and easy enrollment in our Online File Cabinet service.

Payroll Information

❑ I elect to contribute $_____ or _____% (do not complete both) (up to $24,500.00 or 1% - 100%) per pay period of my compensation as Before Tax contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

❑ I elect to contribute $_____ or _____% (do not complete both) (up to $24,500.00 or 1% - 100%) per pay period of my compensation as Roth contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: ____ ____ ____ (Mo Day Year)

Payroll Center Name

Payroll Center Number

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION

%	NAME	TICKER	CODE
_____	T. Rowe Price Capital Appreciation I	TRAIX	TRAIX
_____	Capital Group 2010 Target Date Ret SA	N/A	V0647A
_____	Capital Group 2015 Target Date Ret SA	N/A	V0650A
_____	Capital Group 2020 Target Date Ret SA	N/A	V0653A
_____	Capital Group 2025 Target Date Ret SA	N/A	V0656A
_____	Capital Group 2030 Target Date Ret SA	N/A	V0659A
_____	Capital Group 2035 Target Date Ret SA	N/A	V0662A
_____	Capital Group 2040 Target Date Ret SA	N/A	V0665A
_____	Capital Group 2045 Target Date Ret SA	N/A	V0668A
_____	Capital Group 2050 Target Date Ret SA	N/A	V0671A

INVESTMENT OPTION

%	NAME	TICKER	CODE
_____	American Funds Eupac R6	RERGX	RERGX
_____	American Funds New Perspective R6	RNPGX	RNPGX
_____	Baron Small Cap Instl	BSFIX	BSFIX
_____	PIMCO RAE US Small Instl	PMJIX	PMJIX
_____	Vanguard Small Cap Index Instl	VSCIX	VSCIX
_____	American Century Mid Cap Value R6	AMDVX	AMDVX
_____	T. Rowe Price Mid-Cap Growth I	RPTIX	RPTIX
_____	Vanguard Mid Cap Index Ins	VMCIX	VMCIX
_____	American Funds Fundamental Investors R6	RFNGX	RFNGX
_____	Fidelity Contrafund	FCNTX	FCNTX

Last Name	First Name	M.I.	Social Security Number	98947-01 Number

INVESTMENT OPTION

%	NAME	TICKER	CODE
_____	Capital Group 2055 Target Date Ret SA........	N/A	V0674A
_____	Capital Group 2060 Target Date Ret SA........	N/A	V0677A
_____	Capital Group 2065 Target Date Ret SA........	N/A	V0680A
_____	Capital Group 2070 Target Date Ret SA........	N/A	V0683A
_____	JPMorgan Equity Income R6....................	OIEJX	OIEJX
_____	Vanguard Institutional Index I..................	VINIX	VG-IND
_____	Vanguard Total Bond Market Index Inst........	VBTIX	VBTIX
_____	West Virginia Fixed Fund.......................	N/A	WVFIX

= 100% MUST INDICATE WHOLE PERCENTAGES

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

The number of primary and contingent beneficiaries you name is not limited. If you wish to designate more beneficiaries, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary

% of Account Balance — Primary Beneficiary Name — Date of Birth

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

Primary Beneficiary

% of Account Balance — Primary Beneficiary Name — Date of Birth

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

Primary Beneficiary

% of Account Balance — Primary Beneficiary Name — Date of Birth

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

Contingent Beneficiary

% of Account Balance — Contingent Beneficiary Name — Date of Birth

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

Contingent Beneficiary

% of Account Balance — Contingent Beneficiary Name — Date of Birth

( ) Phone Number *(Optional)*

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Contingent Beneficiary

% of Account Balance — Contingent Beneficiary Name — Date of Birth

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Last Name	First Name	M.I.	Social Security Number	98947-01 Number

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have invesment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

Participant Signature **Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

After all signatures have been obtained, this form can be:

Uploaded electronically to:
Login to account at
www.wv457.com
Click on *Upload Documents* to submit

OR

Sent regular mail to:
Empower
PO Box 173764
Denver, CO 80217-3764

OR

Sent express mail to:
Empower
8515 E. Orchard Road
Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.