

**Quick Enrollment
Governmental 457(b) Plan****State of West Virginia Retirement Plus Deferred Compensation Plan****98947-01****Participant Information**

Yes! I would like to enroll in the State of West Virginia Retirement Plus Deferred Compensation Plan and voluntarily contribute:

- ☐ \$_____ or _____% per pay period of my eligible compensation on a **Before Tax** basis.
- ☐ \$_____ or _____% per pay period of my eligible compensation on a **Roth** basis.
- ☐ I do not wish to contribute to the Plan at this time.

Last Name		First Name		MI
(The name provided MUST match the name on file with Service Provider.)				
Address - Number & Street				
City		State	Zip Code	
()		()		
Home Phone		Work Phone		
()				
Mobile Phone				

Social Security Number					
E-Mail Address					
☐ Married		☐ Unmarried			
☐ Female		☐ Male	☐ Nonbinary	☐ Unspecified	
Mo	Day	Year	Mo	Day	Year
Date of Birth			Date of Hire		

Do you have a retirement savings account with a previous employer or an IRA? ☐ Yes ☐ NoWould you like help consolidating your other retirement accounts into your account with Empower? * ☐ Yes, I would like a representative to call me at phone # _____ - _____ - _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8 a.m. to 10 p.m. Eastern time). *Rollovers are subject to your Plan's provisions.

Payroll Center Name

Payroll Center Number

Investment Option: I understand that this form is my election to enroll in the Plan. By signing this form, my contributions will be allocated to the Plan's default investment fund without additional action by me. If I wish to contribute to any of the investment options of the Plan other than the default fund, I understand that I must contact my Plan Administrator or local representative to obtain a Participant Enrollment Form. The Plan has selected a TARGET DATE portfolio of funds as its default investment fund. Until such time as you choose investment options for your Plan account, your contributions will be invested in the fund within this portfolio that most closely corresponds to certain factors in your profile. For more information, please contact your GWRS Representative. I acknowledge that information about Plan investment options, including prospectuses, disclosure document and Fund Data sheets are available to me through my Plan Administrator or Plan Web site. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

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 understand that I have the right to direct the investment of my account and that I can change my investment allocation from the Plan's default fund at any time by logging on to my account at www.wv457.com or by calling the Voice Response System at 1-800-551-4218.

My Account: 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 from 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 the notification forward and not on a retroactive basis.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form with the Service Provider.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

X

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.*Participant Mail to: **Empower, PO Box 173764, Denver, CO 80217-3764**

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