

**Quick Enrollment  
Governmental 457(b) Plan**

**KPERS 457 - Osage County**

**130124-01**

Yes! I would like to enroll in the KPERS 457 - Osage County and voluntarily contribute:

☐ \$\_\_\_\_\_ per pay period of my eligible compensation on a **Before Tax** 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		

Social Security Number					
E-Mail Address					
<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Female <input type="checkbox"/> Male	
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 ☐ No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement?\* ☐ 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 7 a.m. to 9 p.m. Central time). \*Rollovers are subject to your Plan's provisions.

**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.

**You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.**

**Primary Beneficiary**

**100.00%**

% of Account Balance

Primary Beneficiary Name

Relationship

Date of Birth

**Contingent Beneficiary**

**100.00%**

% of Account Balance

Contingent Beneficiary Name

Relationship

Date of Birth

**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 kpers457.org or by calling the Voice Response System at 1-800-232-0024. A personal identification number (PIN) that gives you access to your account via the Web or phone will be mailed to you soon after your application is processed. You are responsible for keeping the assigned PIN confidential. Please contact us if you suspect unauthorized use.

**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 180 calendar days from the last calendar quarter. After this 180 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 180 days, the correction will only be processed from the date of the notification forward and not on a retroactive basis.

**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 send to Plan Administrator:

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Social Security Number                      130124-01  
Number

**X**

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Full Name

Plan Administrator Mail to: **Empower Retirement, PO Box 173764, Denver, CO 80217-3764**

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