

**PARTICIPANT ENROLLMENT  
GOVERNMENTAL 457(b) PLAN**



**Louisiana Public Employees Deferred Comp. Plan**

**98228-01**

**Participant Information**

_____ Social Security Number  _____ E-Mail Address  Mo Day Year <input type="checkbox"/> Female <input type="checkbox"/> Male _____ Date of Birth <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	_____ Last Name                      First Name                      MI  _____ Address – Number & Street  _____ City                                      State                                      Zip Code  (    )                                      (    ) Home Phone                                      Work Phone
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**Payroll Information**

I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ (per pay period) of my compensation as before – tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Payroll Effective Date: \_\_\_\_\_  
Mo Day Year

Date of Hire: \_\_\_\_\_  
Mo Day Year

_____ Division Name	To be completed by Representative: _____ Division Number
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**Investment Option Information (applies to all contributions)** – Please refer to your marketing communication materials for information regarding each investment option.

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>	<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>
_____ % Aggressive Profile .....	<b>LAGR25</b>	_____ % INVESCO Dynamics Fund .....	<b>IDY025</b>
_____ % Moderate Profile .....	<b>LMOD25</b>	_____ % American Century Ultra Fund .....	<b>ULT025</b>
_____ % Conservative Profile .....	<b>LCON25</b>	_____ % BGI Russell 1000 Stock Index Fund .....	<b>BRS025</b>
_____ % American Century International Growth .....	<b>ICI025</b>	_____ % Janus Twenty Fund .....	<b>JTW025</b>
_____ % Janus Worldwide Fund .....	<b>JW025</b>	_____ % Legg Mason Value Trust, FI .....	<b>LMV025</b>
_____ % Maxim Templeton International Equity .....	<b>IEF025</b>	_____ % Maxim T. Rowe Price Equity/Income Port. ....	<b>TEI025</b>
_____ % Maxim INVESCO ADR Portfolio .....	<b>ADR025</b>	_____ % MFS Massachusetts Inv. Growth Fund A .....	<b>MIG025</b>
_____ % Janus Small Cap Value Fund – Investors .....	<b>BSC025</b>	_____ % Strong Growth & Income Fund .....	<b>SGI025</b>
_____ % Maxim MFS Small Cap Portfolio .....	<b>SCG025</b>	_____ % Maxim Loomis Sayles Bond Portfolio .....	<b>CBF025</b>
_____ % RS Emerging Growth Fund .....	<b>RSE025</b>	_____ % PIMCO Total Return Admin .....	<b>PTR025</b>
_____ % American Century Equity Income Fund .....	<b>EQI025</b>	_____ % Stable Value Fixed Income Fund .....	<b>STLASV</b>

**MUST INDICATE WHOLE PERCENTAGES= 100%**

**See last page for Participation Agreement and Required Signatures**

**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 state 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	_____ Social Security Number	_____ Primary Beneficiary Name	_____ Relationship	_____ Date of Birth
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**Contingent Beneficiary**

**100.00%**

_____ % of Account Balance	_____ Social Security Number	_____ Contingent Beneficiary Name	_____ Relationship	_____ Date of Birth
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\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security 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 investment options established under the Plan as specified on the first page of this form. 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 KeyTalk® 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 for which 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 be only processed from the date of notification forward and not on a retroactive basis.

**Required Signatures** – I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury (“OFAC”). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/enforcement/ofac>.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**Participant** forward to Plan Administrator/Trustee  
**Plan Administrator** forward to Service Provider at:  
Louisiana Public Emp Def Comp Plan  
2237 South Acadian Thruway, Suite 702  
Baton Rouge, LA 70808  
**Phone#:** 1-800-701-8255  
**Fax#:** 1-225-926-4447  
**Web site:** [www.louisianadcp.com](http://www.louisianadcp.com)

\_\_\_\_\_  
**Authorized Plan Administrator/Trustee Signature**

\_\_\_\_\_  
**Date**

Representative must check one of the following:

- Solicited: representative met with individual participant to solicit enrollment and has verified suitability of allocation per participant’s investment objectives
- Unsolicited: representative did not meet with participant

\_\_\_\_\_  
**Registered Representative Signature and ID**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Registered Principal Signature**

\_\_\_\_\_  
**Date**