



# OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

**SEND COMPLETED FORM TO:**

Fax: **614.222.9457**

Mail: Ohio Deferred Compensation  
257 East Town St., Suite 457  
Columbus, Ohio 43215-4626

## EZ Enrollment Form

### PERSONAL INFORMATION *(please print)*

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of pay periods per year \_\_\_\_\_

Pension System: *(circle one)* OPERS STRS SERS PFPF HPRS Other \_\_\_\_\_

I currently have other tax-deferred retirement assets in: *(circle any that apply)*

457 401(k) 401(a) 403(b) Traditional IRA None

**I acknowledge that I have read the terms and conditions detailed below.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

### ENROLLMENT INSTRUCTIONS

- I want to enroll in the Program today and begin contributing:
  - \$25 per pay period
  - \$\_\_\_\_\_ per pay period *(minimum \$15)*

*A pre-tax payroll deduction will be invested into the LifePath portfolio closest to the year in which I turn age 65. I understand that deferrals will begin on the next pay date 30 days from the date my form is received by the Program, and that upon receipt of this form I will receive a Program welcome kit. Changes can be made at any time. Please be sure to provide your SSN, signature, and date.*

### TERMS AND CONDITIONS

Upon receipt of this enrollment form, you will be mailed a welcome kit which will include a copy of the Cancellation Form, Beneficiary Form, Memorandum of Understanding and Plan Document with more detailed information on the provisions outlined below:

- My account balance will be held by Ohio Deferred Compensation in trust on behalf of my employer for the exclusive benefit of me or my beneficiaries.
- I may cancel my participation, before my forms are processed, by calling 1-877-644-6457 within seven days from the date that I signed the enrollment form.
- Based on market fluctuations, the rate of return on my account could be either positive or negative. This could result in my account balance being worth less than my contributions.
- Investments may have underlying expenses or management fees that will reduce the investment results. Information on these expenses can be found in the investment profiles or the respective prospectus(es).
- **Fund prospectuses can be obtained by calling 1-877-644-6457. Before investing, carefully consider the fund's investment objectives, risks, charges and expenses. The fund prospectus contains this and other important information. Read the prospectuses carefully before investing.**

The Internal Revenue Service imposes rules which limit the times when I can make changes or receive withdrawals from the Program.

- At any time, I may change the amount I defer or the allocation of my future investment options.
- I may withdraw funds from the Program only upon:
  - 1) Severance from employment (including termination or death)
  - 2) An Unforeseeable Emergency (as defined by IRC section 457)
  - 3) Small Balance Distribution (see Plan Document for eligibility)
- Withdrawals may begin after my severance from employment and the Program's receipt of my employer's verification of severance, final deferral and Withdrawal Election form.
- Distributions must satisfy certain minimum requirements upon attaining age 70½.
- The funds in my account may be eligible for rollover to a traditional IRA or to an eligible retirement plan upon severance from employment.
- I realize my participation is for long-term retirement savings and I should maintain separate, available emergency funds to cover day-to-day, unanticipated, financial shortages.
- An Unforeseeable Emergency is defined by the IRS as a severe financial hardship. Please see the Program Plan Document for specific details. The purchase of a home, credit card debt and the need to send your children to college are not qualifying events.