

1. Participant Information

Last Name	First Name	MI	Social Security Number		
Address - Number & Street			E-Mail Address		
City	State	Zip Code	Female	Male	
()	()		Mo	Day	Year
Home Phone		Work Phone		Date of Birth	
<input type="checkbox"/> State (Department Name)		<input type="checkbox"/> UT <input type="checkbox"/> TBR (Campus Name)		Date of Hire	
Do you have a retirement savings account with a previous employer or an IRA?			<input type="checkbox"/> Local Government		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		

2. Choose Your Beneficiary

List beneficiary(ies) below. If you are participating in both plans, the below beneficiary elections will apply to both plans, unless you complete separate beneficiary change forms.

Designated percentages must be whole numbers and must add up to 100% for primary and 100% for contingent beneficiaries.

Primary Beneficiary Name(s)	Relationship	Social Security Number	Date of Birth	Designate Whole Percentage
				%
				%
				%
Contingent Beneficiary Name(s)	Relationship	Social Security Number	Date of Birth	Designate Whole Percentage
				%
				%
				%

Plan Beneficiary Designation

Subject to and in accordance with the terms of the Plans, I am making the above beneficiary designations for my vested account(s) in the event of my death. If I have more than one primary beneficiary, the account(s) will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries or if all of the above beneficiaries predecease me, amounts will be paid first to my surviving spouse, and if there is none, to my estate. This designation is effective at the time it is recorded to my account by the State's record keeper, which is currently Great-West Retirement Services (GWRS). If any information is missing, additional information may be required prior to recording my beneficiary designation. This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100% in whole percentages. If I designated a minor beneficiary, I also noted above the name of the guardian or parent, if other than myself. Designated ROTH, 401(k) and 457 deferrals are subject to different distribution limits. I understand that I may change my beneficiary designation at any time by filing a Beneficiary Change Form with the State's record keeper.

3. Plan and Contribution Election

I elect to enroll and participate in the following plan(s) and authorize my employer to deduct and defer the amounts shown per pay period.

Effective date must be at least 30 days after completion of this agreement. Deferral amount minimum is \$20.00 per plan, per month.

401(k) plan	Deduct \$ _____	401(k) pre-tax from my gross pay, <u>per pay period</u> .
401(k) plan ROTH	Deduct \$ _____	401(k) designated Roth after-tax from my gross pay, <u>per pay period</u> .
457(b) plan	Deduct \$ _____	457(b) pre-tax from my gross pay, <u>per pay period</u> .
Total: \$ _____		

Effective _____ / _____ / 20____ Paid: Monthly (P2) Semi-Monthly (P1) Bi-weekly

Month Day Year

Note: Your annual deferral cannot exceed the lesser of 100% of your eligible compensation or \$17,500 per plan for the 2013 calendar year. State and Higher Education employees may enroll in both plans. If you are employed with a Political Subdivision, you may enroll in both plans if the Political Subdivision has elected to offer you both plans. 401(k) Plan deferrals of State employees may be eligible for an employer match, subject to annual appropriation.

Last Name

First Name

MI

Social Security Number

4. Investment Option Information (Choose from Sections A, B, or C)
A. Enroll me in the Default Fund which is an age based Target Date Fund.

Investment Option: By selecting this option, 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 complete Part B of the Participant Enrollment Form or Part C and enroll in Managed Accounts. 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 the Target Date 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 documents and Fund Data sheets are available to me through the GWRS website (www.gwrs.com) or Plan Web site (www.treasury.tn.gov/dc/). I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

B. I prefer to choose my own fund line up as follows.

	401(k)	457(b)	Select Investment Options	Code
International	% _____	% _____	DFA International Value Fund I	DFIVX
	% _____	% _____	Fidelity International Discovery Fund	FIGRX
Small Cap	% _____	% _____	Fidelity Stock Selector Small Cap	FDSCX
	% _____	% _____	Invesco Van Campen Small Cap Growth Fund *	INGMSC
Mid Cap	% _____	% _____	Columbia Acorn Z *	INGCAC
	% _____	% _____	Columbia Midcap Value Z *	INGCMC
Large Cap	% _____	% _____	Allianz NFJ Large Cap Institutional *	INGALG
	% _____	% _____	Fidelity Contra Fund	FD-CNT
	% _____	% _____	Fidelity OTC Portfolio	FD-OTC
	% _____	% _____	Vanguard Institutional Index Fund	VINIX
Balance	% _____	% _____	Fidelity Puritan Fund	FD-PUR
Bond	% _____	% _____	Calvert Income	CINCX
	% _____	% _____	Vanguard Total Bond Market Index	VBTIX
Fixed	% _____	% _____	ING Fixed Account	AEF-FX
	% _____	% _____	Nationwide Bank	TN-NBA
Vanguard Target Date Funds	% _____	% _____	Vanguard Target Retirement Income	VTINX
	% _____	% _____	Vanguard Target Retirement 2010	VTENX
	% _____	% _____	Vanguard Target Retirement 2015	VTXVX
	% _____	% _____	Vanguard Target Retirement 2020	VTWNX
	% _____	% _____	Vanguard Target Retirement 2025	VTTVX
	% _____	% _____	Vanguard Target Retirement 2030	VTTHX
	% _____	% _____	Vanguard Target Retirement 2035	VTTHX
	% _____	% _____	Vanguard Target Retirement 2040	VFORX
	% _____	% _____	Vanguard Target Retirement 2045	VTIIVX
	% _____	% _____	Vanguard Target Retirement 2050	VFIFX
	% _____	% _____	Vanguard Target Retirement 2055	VFFVX
	=====	=====	Total	

Percentages must be whole numbers and columns must add up to 100%

* Indicates separate account funds offered through ING.

C. I have completed a Managed Account Application

Last Name

First Name

MI

Social Security Number

5. Participant Agreement

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.treasury.tn.gov/dc or by calling KeyTalk at 1-800-922-7772. A personal identification number (PIN) that will give me access to my account via the Web or phone will be mailed to me soon after my application is processed. I acknowledge that I am responsible for keeping the assigned PIN confidential and that I must notify GWRS if I suspect unauthorized use.

I have received a copy of the Deferred Compensation Plan Document and understand the terms and provisions thereof.

The Plan Document is incorporated into this Participation Agreement and that these together constitute my entire rights and obligations under the Plan. This form is a legally binding contract. I understand that by signing and submitting this Participant Enrollment form for processing that I am requesting to have investment options established under the Plan(s) as specified on this form. I understand that this account is subject to the terms of the Plan Document.

Account balances shall only be distributed under the terms of the Plan Document, which prohibit any payouts as long as I continue in employment with the State or a participating Political Subdivision except in the case of financial hardship as defined by applicable 401(k) plan regulations or at age 59 1/2. Special penalty and limitations may apply to 401(k) distributions and designated Roth 401(k) deferrals. Limits on 457 hardships are more restrictive than 401(k). Requirements vary by plan.

I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Internal Revenue Code. I understand that it is my responsibility to monitor my total annual limit on 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 cost that may be incurred. I understand that Federal income tax is deferred on allowable pre-tax contributions and the earnings thereon until such amounts are distributed. I understand that Roth 401(k) contributions, earnings, and distributions are treated differently.

I understand that in the event my Participant Enrollment form is incomplete, or it is not received by GWRS in Nashville, Tennessee prior to the receipt of any deposits, I consent to GWRS retaining all monies received and allocating them to the default investment option which is selected by my Plan. I understand that once my account has been established, I can transfer monies from the default investment option by logging onto my account at www.treasury.tn.gov/dc or by calling KeyTalk at 1-800-922-7772. Also, I understand that all contributions received after my account is established will be applied to the investment options I selected. I also understand that it is my obligation to review my confirmations and quarterly statements and inform GWRS of any discrepancies or errors within 90 calendar days of the date of such confirmation or statement.

401(k) and 403(b) share a single contribution limit of \$17,500 for 2013. I understand that I am responsible for any excess contributions and taxes thereon.

I understand that fees may apply under the Plan(s) I selected above. The fees vary by fund and are on the Plan's Web site (www.treasury.tn.gov/dc/).

Required Signature- I have completed, understand, and agree to all pages of this participant enrollment form.

Participant Signature: _____

Date: _____

For more information regarding the 401(k) and 457 plans, visit: www.tn.gov/treasury/dc or call Great-West Retirement Services at 1-800-922-7772, Option 2

Send Completed Forms to:

UTHSC Payroll Office
62 S. Dunlap
Suite #120
Memphis, TN 38163