



PARTICIPATION AGREEMENT

DEFERRED COMPENSATION PROGRAM

PO Box 40931 Olympia, WA 98504-0931 • www.drs.wa.gov/dcp
 Toll Free: 888.327.5596 • TTY: 800.766.4952 • Fax: 360.586.5474



Please read the *Information and Instructions* before completing this form.

PERSONAL INFORMATION

Social Security Number	Employer	Phone Number
Participant Name (Last, First, Middle)		Alternate Phone Number
Mailing Address	City	State ZIP
Date of Birth (mm/dd/yyyy)	Email Address	Gender <input type="checkbox"/> M <input type="checkbox"/> F

DEFERRAL INFORMATION

I authorize my employer to defer the following amount from my monthly gross wages: up to \$1,458 or up to \$1,916 (for participants age 50 and over). Please contact DCP if you want to defer more than \$1,916.

Deferral Amount: \$ _____

INVESTMENT OPTIONS

DCP offers you two different approaches to investing. For more on which approach may be right for you, read the Information and Instructions. We encourage you to choose only one of the two approaches (One-Step Investing or Build and Monitor) but provide the option for choosing both. Total percentages must be whole and equal to 100%.

One-Step Investing	CONSERVATIVE	Build and Monitor
Choosing just one fund gives you a diversified portfolio. To determine the Retirement Strategy right for you, pick your target date for retiring or withdrawing your funds. <ul style="list-style-type: none"> <input type="checkbox"/> 2000 Retirement Strategy (80) <input type="checkbox"/> 2005 Retirement Strategy (81) <input type="checkbox"/> 2010 Retirement Strategy (82) <input type="checkbox"/> 2015 Retirement Strategy (83) <input type="checkbox"/> 2020 Retirement Strategy (84) <input type="checkbox"/> 2025 Retirement Strategy (85) <input type="checkbox"/> 2030 Retirement Strategy (86) <input type="checkbox"/> 2035 Retirement Strategy (87) <input type="checkbox"/> 2040 Retirement Strategy (88) <input type="checkbox"/> 2045 Retirement Strategy (89) <input type="checkbox"/> 2050 Retirement Strategy (91) <input type="checkbox"/> 2055 Retirement Strategy (92) Write the percentage for the selected target date: _____ %	 AGGRESSIVE	Mix and match to create a diversified portfolio. Write the percentages in the spaces below for each fund you want to invest in. <ul style="list-style-type: none"> (10) Savings Pool _____ % (25) Washington State Bond Fund _____ % (30) Socially Responsible Balanced Fund _____ % (11) U.S. Large Cap Equity Index Fund _____ % (13) Global Equity Index Fund _____ % (12) U.S. Small Cap Value Equity Index Fund _____ % (14) Emerging Market Equity Index Fund _____ %

Total percentage from One-Step or Build and Monitor or both must equal 100%.

Important: Read before signing. I authorize my employer to deduct the amount indicated each month and transmit to the Deferred Compensation Program. I further authorize my employer to deduct any deferral changes I request through DCP in the future. This agreement will continue until further notification by me, as set forth in the plan. I understand a DCP Administrative Fee will be deducted quarterly from my account balance. I acknowledge that I have read and understand all sections of the Memo of Understanding.

Participant Signature	Date
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BENEFICIARY DESIGNATION

I understand if I select more than one primary beneficiary or more than one contingent beneficiary, the total percentage(s) for each category must add up to 100% (use whole numbers, for example 50% and 50% or 66% and 34%). I wish to designate the following beneficiary(ies) in accordance with the provisions of the Plan:

<input checked="" type="checkbox"/> Primary Beneficiary		Percentage _____ %
Social Security Number	Beneficiary Name (Last, First, Middle)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address		Date of Birth (mm/dd/yyyy)
City	State	ZIP
		Relationship

Check only one box

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Percentage _____ %
Social Security Number	Beneficiary Name (Last, First, Middle)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address		Date of Birth (mm/dd/yyyy)
City	State	ZIP
		Relationship

Check only one box

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Percentage _____ %
Social Security Number	Beneficiary Name (Last, First, Middle)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address		Date of Birth (mm/dd/yyyy)
City	State	ZIP
		Relationship

Check only one box

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Percentage _____ %
Social Security Number	Beneficiary Name (Last, First, Middle)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address		Date of Birth (mm/dd/yyyy)
City	State	ZIP
		Relationship

I direct any accumulated deferrals in my deferred compensation account to be paid, in the percentages indicated above, to any primary beneficiaries who survive me. If none survive, such monies will be paid, in the percentages indicated, to any contingent beneficiaries who survive me. Completion of this form revokes any prior designations I have made.

Participant Signature	Date
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INFORMATION AND INSTRUCTIONS

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To enroll in DCP, please complete the *Participation Agreement* form. If you have any questions, please call the DCP Information Line toll free at 888.327.5596. For TTY, call 800.766.4952.

- Read the *Memo of Understanding* regarding the *Participation Agreement*.
- Please complete all sections of this form electronically or print legibly in black ink.
- Sign, date and return the *Participation Agreement* to the address on the top of the form.
- If your employer is a political subdivision such as a school district, county or city or a higher education employer, send a copy to your payroll office. This is not required for state agency employees.
- Keep a copy for your records.

Personal Information: Use your legal name and provide all requested information.

Deferral Information: Write the monthly total dollar amount you want to defer from your gross monthly wages.

In 2013, you may defer up to \$17,500 (\$1,458 monthly) or up to \$23,000 (\$1,916 monthly for participants age 50 and over) from your pay annually. If you want to defer more than \$1,916 monthly, please contact DCP. The minimum monthly contribution is \$30. Deferrals will begin on the earliest date possible, contingent upon the processing time required by your employer's payroll department and the provisions set forth in Section 457 of the Internal Revenue Code.

Investment Options: The **One-Step Investing** approach is designed for those who don't have the desire, comfort level and/or time to select their own allocation mix of funds, monitor them and make necessary changes. Each Retirement Strategy Fund is well diversified and automatically rebalances, adjusting your allocation mix as you move toward a target date that meets your needs and lifestyle.

If your target date changes, you can transfer your money to a Retirement Strategy Fund that more closely matches your revised date.

The **Build and Monitor** approach requires you to:

- Select fund(s).
- Monitor account activity.
- Rebalance your allocation mix as necessary to maintain your investment objectives.

The *DCP Enrollment Booklet* and *Fund Fact Sheets* are available to help you determine your allocation mix.

Beneficiary Designation: Complete this section by designating at least one primary beneficiary. You may designate more than one primary and one or more contingent beneficiaries. Provide each beneficiary's percentage, Social Security number, full name, mailing address, date of birth, relationship and gender.

- A **primary beneficiary** will receive the balance of the deceased participant's account if he or she survives the participant by 30 days. The total percentages for all primary beneficiaries must equal 100%. Use whole numbers (50% and 50% **or** 66% and 34%).
- A **contingent beneficiary** will receive the balance of the deceased participant's account if no primary beneficiary is still living at the time the participant dies. The total percentages for all contingent beneficiaries must equal 100%. Use whole numbers (50% and 50% **or** 66% and 34%).

To name a **trust** as beneficiary, indicate name of trust and date trust was established. A copy of the trust document should be provided.

To name your **estate** as beneficiary, write **my estate**.

In the event of participant's death, distribution to a **minor** requires the following before distribution can occur:

- **Guardian:** A copy of court documents showing the name, address and telephone number of minor's court appointed guardian, or
- **Custodian:** A copy of the trust or other documents showing power of appointment under the WA Uniform Transfers to Minors Act.

MEMO OF UNDERSTANDING

This memo highlights certain provisions of the Deferred Compensation Program. For specific details, you should refer to the *DCP Enrollment Booklet* and Regulations.

I understand the following:

1. My gross salary will be reduced each month by the amount that I have elected to defer. It is my responsibility to ensure that my deferrals do not exceed the allowable amount specified in Internal Revenue Code 457; if they do, my employer may disallow deferral of the excess, which also may be taxed currently. However, during the last three years before attaining normal retirement age, or if I am 50 years of age or older, I may be able to defer a greater portion, subject to IRS limitations. Note: For information about special provisions that allow you to exceed the monthly maximum, contact DCP.
2. My deferral cannot begin sooner than the month following *Participation Agreement* approval (WAC 415-501-410). My accumulated deferrals will be held in trust by the Washington State Investment Board for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the plan (WAC 415-501-580). I realize that I may not assign or transfer my rights in the plan (WAC 415-501-570).
3. I have elected to have my deferred salary invested as indicated on my *Participation Agreement*.
4. Earnings, if any, will be applied to my accumulated deferrals in accordance with the investment option(s) I select (WAC 415-501-475).
5. I may change or stop the amount I defer and may change my investment(s) by using the Voice Response Unit (VRU), the DCP website, customer service representatives or by submitting the proper form. Forms are available on the DCP website or by calling the DCP Information Line.
6. You can have access to your funds upon separation. Refer to (WAC 415-501-485) for distribution details and for exceptions that allow for access to funds prior to separation from employment.
7. I may elect the date and method of distribution of my accumulated deferrals according to those methods approved by the department (WAC 415-501-485). In the event of my death, any unpaid benefits will be paid to my designated beneficiaries (WAC 415-501-486).
8. The Department of Retirement Systems retains administrative control over the plan and the Legislature retains the right to terminate the plan (WAC 415-501-530 and WAC 415-501-540).
9. Neither my employer, nor the Department of Retirement Systems, nor the Washington State Investment Board, shall be liable for the performance of investments.
10. I understand that I will receive an enrollment confirmation notice, indicating acceptance into the plan. I acknowledge that I have received a copy of and understand the information provided in the *DCP Enrollment Booklet*.
11. I understand that if I have not already done so, I need to read the *Investment Guide* and Fund Fact Sheets. This publication is posted at www.drs.wa.gov/dcp and provides useful information on investing and describes the Deferred Compensation Program.