



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

**DEFERRED COMP PLAN FOR EES OF THE COUNTY OF  
ONONDAGA**

**523919-01**

**Participant Information**

Last Name			First Name			MI			Social Security Number										
<i>(The name provided MUST match the name on file with Service Provider.)</i>																			
Mailing Address												E-Mail Address							
City			State			Zip Code			<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Female		<input type="checkbox"/> Male				
Mo			Day			Year			Mo		Day		Year						
Home Phone						Work Phone						Date of Birth				Date of Hire			

**Payroll Information**

I elect to contribute \$ \_\_\_\_\_ or \_\_\_\_\_ % (do not complete both) 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.

Note: The total of your before-tax deferrals cannot exceed \$22,500.00.

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

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option and Asset Allocation Models.

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 will refer to the fund's prospectus and/or disclosure documents for more information.

Select either an Asset Allocation Model (A) or your own investment options (B).

**(A) Asset Allocation Model Selection - only one model can be selected**

<u>Asset Allocation Model Name</u>	<u>Model Selection</u>	<u>Asset Allocation Model Name</u>	<u>Model Selection</u>
Empower GoalMaker AGGRESSIVE 2005	<input type="checkbox"/>	Empower GoalMaker CONS 2040	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2010	<input type="checkbox"/>	Empower GoalMaker CONS 2045	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2015	<input type="checkbox"/>	Empower GoalMaker CONS 2050	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2020	<input type="checkbox"/>	Empower GoalMaker CONS 2055	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2025	<input type="checkbox"/>	Empower GoalMaker CONS 2060	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2030	<input type="checkbox"/>	Empower GoalMaker CONS 2065	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2035	<input type="checkbox"/>	Empower GoalMaker CONS 2070	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2040	<input type="checkbox"/>	Empower GoalMaker MODERATE 2005	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2045	<input type="checkbox"/>	Empower GoalMaker MODERATE 2010	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2050	<input type="checkbox"/>	Empower GoalMaker MODERATE 2015	<input type="checkbox"/>

Last Name

First Name

M.I.

Social Security Number

**Asset Allocation Model Name**

**Model Selection**

**Asset Allocation Model Name**

**Model Selection**

Empower GoalMaker AGGRESSIVE 2055  
 Empower GoalMaker AGGRESSIVE 2060  
 Empower GoalMaker AGGRESSIVE 2065  
 Empower GoalMaker AGGRESSIVE 2070  
 Empower GoalMaker CONS 2005  
 Empower GoalMaker CONS 2010  
 Empower GoalMaker CONS 2015  
 Empower GoalMaker CONS 2020  
 Empower GoalMaker CONS 2025  
 Empower GoalMaker CONS 2030  
 Empower GoalMaker CONS 2035

Empower GoalMaker MODERATE 2020  
 Empower GoalMaker MODERATE 2025  
 Empower GoalMaker MODERATE 2030  
 Empower GoalMaker MODERATE 2035  
 Empower GoalMaker MODERATE 2040  
 Empower GoalMaker MODERATE 2045  
 Empower GoalMaker MODERATE 2050  
 Empower GoalMaker MODERATE 2055  
 Empower GoalMaker MODERATE 2060  
 Empower GoalMaker MODERATE 2065  
 Empower GoalMaker MODERATE 2070

**(B) Select Your Own Investment Options**

**INVESTMENT OPTION**

**INVESTMENT OPTION**

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
AB International Value A.....	ABIAX	_____
Thornburg International Value - A.....	TGVAX	_____
Goldman Sachs Small Value Fund - A.....	GSSMX	_____
ClearBridge Small Cap Growth A.....	SASMX	_____
Lord Abbett Mid Cap Stock A.....	LAVLX	_____
PGIM Jennison Mid Cap Growth A.....	PEEAX	_____
American Funds Growth Fund of Amer R3.....	RGACX	_____
American Funds Washington Mutual R3.....	RWMCX	_____

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
PGIM Jennison Value A.....	PBEAX	_____
Invesco Capital Appreciation A.....	OPTFX	_____
Invesco Equity and Income R.....	ACESX	_____
American Funds American Hi Inc Tr R3.....	RITCX	_____
Goldman Sachs Core Fxd-Inc A.....	GCFIX	_____
PGIM Government Income A.....	PGVAX	_____
Guaranteed Income Fund.....	N/A	_____
<b>MUST INDICATE WHOLE PERCENTAGES</b>		<b>= 100%</b>

**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 in the Investment Option Information section. 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.

**Asset Allocation Models** - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

Last Name

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**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 the Voice Response System 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 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 only be processed from the date of notification forward and not on a retroactive basis.

## Signature(s) and Consent

### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

### 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.*

### Authorized Plan Administrator Approval

### Authorized 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

**After all signatures have been obtained, this form can be:**

#### Uploaded electronically to:

Login to account at

**empowermyretirement.com**

Click on *Upload Documents* to submit

**OR**

#### Sent regular mail to:

Empower

PO Box 56025

Boston, MA 02205-6025

**OR**

#### Sent express mail to:

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Prudential Investment Management Services, LLC (PIMS). Each organization is solely responsible for its financial condition and contractual obligations. PIMS is not affiliated with Empower Retirement, LLC. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.