



The Kentucky Public Employees' Deferred Compensation Authority
 101 Sea Hero Road, Suite 110
 Frankfort, KY 40601
 502.573.7925 or Toll Free 800.542.2667
 Fax 502.573.4494
www.kentuckydcp.com

Pre-Tax Participation Agreement

Please print. Use only blue or black ink. Sign and date the bottom of the form and return to our office for processing.

IRS CODES (Check all that apply)

- 457 Plan
- NEW ENROLLMENT
- AMENDMENT
- 401(k) Plan
- NEW ENROLLMENT
- AMENDMENT

I. Personal Identification Data:

1. Social Security Number		2. Name (First) Mr Mrs Ms		MI	Last		Suffix	
3. Gender: () Male () Female	4. Date of Birth	5. Mailing address: (Street, P.O. Box, etc) New address? Yes []			6. City:		7. State:	8. ZIP Code:
9. Home or cell phone #:			10. Work phone #:		11. E-mail Address:			
12. Name of Your Employer:					13. Current hire date:		14. # of Billing Cycles per year:	
15. Select only one Method of deferral below: Enter your deferral under the appropriate Plan(s) (A) 457 Plan (B) 401(k) Plan <input type="checkbox"/> \$ amount * OR <input type="checkbox"/> % of Salary ** by using either a \$ amount or %								
								16. Effective pay date:
* Minimum deferral is \$30 per Month per Plan			** Not all employers offer a % of salary payroll deduction.			(For Authority use)		

II. Selection of Investment Options: I understand that with Mutual Funds there is no guarantee of principal. Also, no assurance can be provided that the objective of any Mutual Fund will be attained or will not change, as there is some uncertainty in every investment.

17. Please select your option(s) below: Enter the percent of your contribution amount that you choose to have invested in each fund(s). **Each Plan selected must total 100%.**

NO FUND CHANGE

(A) 457 %	(B) 401(k) %	FUND
		Fixed Contract Fund - 3 ^
		Aberdeen Emerging Markets Inst
		American Europac Growth R6 * **
		AMG GWK Small Cap Equity Instl
		DFA International Small Co I *
		Dodge & Cox International
		Federated Prime Oblig Instl MM
		Federated US Gov Sec 2-5 Yrs *
		Fidelity Contrafund
		Fidelity Growth Co
		Franklin High Income Fund R6
		PIMCO All Asset Fund Instl
		PIMCO Total Return Instl
		T Rowe Price Instl Mid-Cap Eq Gr **
		Vanguard Infla Prot Sec Instl
		Vanguard Instl Index
		Vanguard Mid-Cap Index Instl

(A) 457 %	(B) 401(k)%	FUND
		Vanguard Small-Cap Index Instl
		Vanguard Target Ret Inc Inv
		Vanguard Target Ret 2010 Inv
		Vanguard Target Ret 2015 Inv
		Vanguard Target Ret 2020 Inv
		Vanguard Target Ret 2025 Inv
		Vanguard Target Ret 2030 Inv
		Vanguard Target Ret 2035 Inv
		Vanguard Target Ret 2040 Inv
		Vanguard Target Ret 2045 Inv
		Vanguard Target Ret 2050 Inv
		Vanguard Target Ret 2055 Inv
		Vanguard Tot Bond Mkt Instl
		Vanguard Tot Int'l Stk Idx Signal
		Vanguard Wellington Admiral
		Victory Diversified Stock I

^ Balances in the Fixed Contract Fund-3 are restricted from being moved directly into the Federated Prime Obligations MM or Federated US Govt. Securities Fund 2-5 Yrs.
 * These funds are designated as restricted funds and thereby limited to four (4) trades (purchases or sales) per rolling 30-day period per restricted fund. Failure to adhere to these limits may result in additional trading restrictions.
 ** This fund imposes a Purchase Block.

III. Authorization of Participation: By my signature below, I hereby acknowledge that I have received, read and understand the information on the reverse side of this form. By signing below, I certify that I have reviewed and approve the accuracy of the information contained in this form. I understand the Internal Revenue Code provides that neither Plan may be used as a temporary, short-term savings account; therefore, I cannot withdraw deposits merely upon my request. Please initial _____ I Acknowledge that I have read and understand this statement.

IV. Authorization for Payroll Deduction

By signing #17 below I hereby authorize my employer to make the payroll deduction indicated on line C below.

* Payroll deduction applies to pre-tax dollars only

457 Plan (A) _____ per billing cycle

and/or 401(k) Plan (B) _____ per billing cycle

The new TOTAL deduction

\$ amount or % of salary shall be: (line A + B) = (C) _____ (Minimum TOTAL deferral is \$30 per Month per Plan)

PAY FREQUENCY	<input type="checkbox"/> * Pre-Tax	<input type="checkbox"/> Match
PAYER CODE	<input type="checkbox"/> Accumulated Benefits	<input type="checkbox"/> Employer Discretionary
DATE ENTERED		

Deductions are made without regard to any future changes in taxes; no partial deductions or "carry-overs" to future billing cycles will be made. This deduction will continue until changed in accordance with Plan(s) procedures. **It is your responsibility to ensure you do not make excess contributions to the 457 and/or 401(k) Plans. By signing this form you certify you are not making any other pre-tax or after-tax contributions which would create a deferral amount in excess of the annual IRS limits.** (For Authority use)

18. Participating employee's signature	19. Date signed	20. Accepted by:	21. Agent Code
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I have received, read and understand the Plan Summary/Highlights Brochure and any applicable product Disclosure Statement(s), and Prospectus(es); and that the provisions and fees of the Plan(s), including the low balance non-activity \$6 fee, have been explained to me.

- I understand a copy of the Plan Document(s) is available from the Authority upon my request and the Plan and the above named documents are specifically incorporated herein by reference.**
- I hereby agree to be bound by the terms of the Plan(s) and designate my Beneficiary(ies) as listed separately on the Beneficiary Designation Form or Plan default provision absent Participant instruction.**
- I understand the initial Agreement and any Amendment or Termination of my Participation Agreement may be effective only as of the first pay day administratively practicable.**
- I hereby authorize the Authority Staff and its agents to assist me in filling out this form at my direction.**
- I acknowledge this assistance is an administrative service only and such service does not constitute investment advice.**