



The Kentucky Public Employees' Deferred Compensation Authority
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 Frankfort, KY 40601
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 Toll Free 800.542.2667
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Designated Roth 401(k) after-tax Contributions Participation Agreement

Please print. Use only blue or black ink. (Complete this form only if your employer has agreed to withhold your designated Roth contributions from your paycheck)
 Sign and date the bottom of the form and return to our office for processing.

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 #:		11a. E-mail Address:		
11b. Paperless Delivery Consent: By providing your email address you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically. Unless you choose to have statements, account documents and other documents sent in connection with your retirement plan delivered via US Mail to the mailing address of record by checking the box below, these documents will be made available to you electronically.							
<input type="checkbox"/> I wish to receive my statements and account documents via US Mail.							
12. Name of Your Employer:			13. Hire date:		14a. # of Pay Periods per year:		14b. # of Billing Cycles per year (if different than 14a):
15. Deferral Amount* Select only one Method of deferral below: <input type="checkbox"/> \$ amount * OR <input type="checkbox"/> % of Salary Enter your deferral by using either a \$ amount or %: _____ <small>*Minimum deferral is \$30 per month per plan</small>						16. Effective pay date:	
<small>(For Authority use)</small>							

17a. **Automatic Contribution Increase (Optional)**
 If selected, this increase will automatically occur annually as soon as administratively feasible for the date selected below. Increases can only occur for money source(s) (Pre-Tax and/or Roth) and mode(s) (\$ or %) that you are currently contributing.

I elect an annual automatic contribution increase of: I elect to stop my annual automatic contribution increase.
 Date of Annual Increase: _____ (month/day)

Plan Type/ Source	Dollar Amount Increase	Percentage Increase
401(k) Roth		

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.*

17b. **Please select your option(s) below:** Enter the percent of your contribution amount that you choose to be invested in each fund(s).
 No Fund Change

Percentages must total 100%

%	FUND	%	FUND
	Fixed Contract Fund - 3 ^		Vanguard Small-Cap Index Instl
	Aberdeen Emerging Markets Inst *		Vanguard Target Ret Inc Instl
	American Europac Growth R6 * **		Vanguard Target Ret 2015 Instl
	AMG GWK Small Cap Core Z		Vanguard Target Ret 2020 Instl
	DFA International Small Co I *		Vanguard Target Ret 2025 Instl
	Dodge & Cox International *		Vanguard Target Ret 2030 Instl
	Fidelity Contrafund		Vanguard Target Ret 2035 Instl
	Fidelity Growth Co		Vanguard Target Ret 2040 Instl
	MetWest Total Return Bond Fund		Vanguard Target Ret 2045 Instl
	PIMCO All Asset Fund Instl		Vanguard Target Ret 2050 Instl
	Invesco Government & Agency Portfolio		Vanguard Target Ret 2055 Instl
	T Rowe Price Instl Mid-Cap Eq Gr **		Vanguard Target Ret 2060 Instl
	Vanguard Infla Prot Sec Instl		Vanguard Target Ret 2065 Instl
	Vanguard Instl Index		Vanguard Tot Bond Mkt Instl
	Vanguard Mid-Cap Index Instl		Vanguard Tot Int'l Stk Idx Signal
			Vanguard Wellington Admiral

^ Balances in the Fixed Contract Fund-3 are restricted from being moved directly into the Invesco Government & Agency Portfolio 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 for after-tax Payroll Deduction

I hereby authorize my employer to make the following Roth 401(k) **after-tax** payroll deduction \$ _____ Effective pay date _____

Employee Name (print) _____ SS# _____ - _____ - _____

Deductions are irrevocably made after-taxes without regard to any future changes in taxes; no partial deductions or "carry overs" to future pay periods will be made. This after-tax deduction will continue until changed in accordance with the 401(k) Plan Document. *It is your responsibility to ensure you do not make excess contributions to the 401(k) Plan. 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.*

IV. Authorization of Participation: (Read carefully before signing Agreement)

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.

DATE ENTERED	PAY FREQUENCY	PAYER CODE

18. Employee's signature	19. Date signed	20. Accepted by	21. Agent Code

- I have received, read and understand the Designated Roth Contribution Summary, suitability questionnaire and any applicable product Disclosure Statement(s) and Prospectus(es); and that the provisions and fees of the Designated Roth Contribution program have been explained to me.
- I understand a copy of the Plan Document(s), which includes the Designated contribution program, is available from the Authority upon my request.
- I understand that the Plan and the above named documents are specifically incorporated herein by reference.
- I hereby agree to be bound by the terms of the 401(k) Plan/Designated Roth Contribution program and designate my Beneficiary(ies) as listed separately on the Beneficiary Designation Form.
- I understand that the Initial, any Amendment or Termination of my Designated Roth Contribution Participation Agreement may be effective only as of the first pay day administratively practicable.
- I further understand my Roth 401(k) account is **NOT** eligible for plan loans, **CANNOT** be withdrawn for financial hardship and **CANNOT** be transferred to a Retirement System to purchase any service credit. My Roth 401(k) account can only be withdrawn upon the occurrence of a benefit event defined by the Plan.
- I acknowledge any assistance by the Authority Staff or its agents is an administrative service only and such service does not constitute investment advice.