

The Minnesota Deferred Compensation 457(b) Plan is voluntary savings plan intended for long-term investing for retirement. It is a smart and easy way to supplement retirement income from the Minnesota public pension and Social Security benefits.

After you complete this form, your contributions will be invested in a Target Retirement Fund¹ nearest to your retirement date at age 65. Once enrolled, you may change your contribution amount or investment options at any time.

1. Personal information

Name (last, first, MI)		Social security number		Date of birth (month/day/year)
Address		City	State	Zip code
Preferred phone number	Personal email address			
Employer name (full name - no abbreviations)			Hire date (month/day/year)	

2. Enrollment instructions

I wish to contribute (\$10 minimum) per pay period. Write "0" if you wish to stop contributing.

a) Pre-tax basis	\$	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	or	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	%
b) Roth (after-tax) basis	\$	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	or	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	%

Number of pay periods per year: ☐ 26 ☐ 24 ☐ 21 ☐ 12 ☐ Other _____

3. Required authorization

By signing this form, I verify this enrollment is voluntary. I acknowledge that I have previously received detailed information about the Plan and understand that my participation in the Plan must be in compliance with requirements and terms of the Plan Document and Internal Revenue Code. My signature acknowledges that I have received, read, understand and agree to all pages of this *Quick Enrollment* form and affirms that all information I have provided is true and correct. Private data collected on this form will be used by MSRS staff for identification and documentation. Your private data will not be shared with an unauthorized person without written consent except as authorized by federal or state law or a court order.

Participant Signature _____ Date _____

PARTICIPATION AGREEMENT

Investment Option

By signing this form, I am directing that my contributions will be allocated to the MN Target Retirement Fund that most closely coordinates with my year of retirement at age 65.¹ I acknowledge that information about the MN Target Retirement Funds and information about other Plan investment options, including prospectuses, disclosure documents, and fund data sheets, have been made available to me. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value. I understand this investment election will remain effective until I make a subsequent investment election for my Plan account. I understand that I can change this election at any time.

My Account

I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies and errors. If I do not communicate a request for correction within 60 calendar days from the date of the last quarter end statement, account information shall be deemed accurate and acceptable to me.

Beneficiary Designation

I understand that my beneficiary will be the Plan's default designation (surviving spouse or, if none, my estate) until I elect my own beneficiary(ies).

Important Information About Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, taxpayer identification number, date of birth (if applicable). We may also ask to see your driver's license or other identifying documents.

¹ Generally, the asset allocation of each target date fund will gradually become more conservative as the fund nears the target retirement date. The date in a target date fund's name is the approximate date when investors plan to start withdrawing their money (which is never guaranteed).

Contact Us:



Mail or fax completed form to:

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Fax: 651.297.5238

Phone: 1.800.657.5757 or 651.284.7730

Web: www.mnretire.gov/about-mndcp