



1. Information about you

Social security number	Date of birth (month/day/year)	Preferred phone number	Personal email address
Last name		First name	Middle initial
Mailing address			
City		State	Zip code

2. Employer information

Employer name (full name - no abbreviations)	Hire date (month/day/year)
Annual salary *	Number of pay periods per year: <input type="checkbox"/> 26 <input type="checkbox"/> 24 <input type="checkbox"/> 21 <input type="checkbox"/> 12 <input type="checkbox"/> Other _____

* Salary data may be used for personalized services offered through the Plan. Information provided is confidential.

3. Contribution amount

I authorize my employer to deduct the contribution amount (minimum \$10) that I elect below from my gross wages and deposit it to my MNDCP account.

Not all employers allow percentage (%) contributions. Please check with your employer.

I wish to contribute per paycheck on a:

a) Pre-tax basis \$. or . %

b) Roth (after-tax) basis \$. or . %

4. 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

About MNDCP

The Minnesota Deferred Compensation 457(b) Plan is a 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.

Payroll Election and Limits

I authorize my employer to deduct the contribution amount specified in this form from my gross wages and to commence such contribution election as soon as administratively practicable. I understand that such contribution election shall continue in effect until modified or terminated in accordance with the MNDCP rules. I understand that the maximum combined pre-tax and Roth after-tax deferral amount per calendar year, including the catch-up provision, shall be the limits established under section 457 of the Internal Revenue Code ("Code"). This maximum amount shall be reduced by any matching dollars contributed by my employer or bargaining unit or any contribution to another plan under section 457 of the Code. I understand the catch-up provision allowing for the additional deferral of compensation and the limits established under section 457 of the Code, beginning the last three (3) taxable years prior to reaching normal retirement age as defined by my pension 401(a) plan.

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.

Account Corrections

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.

Distribution and Taxation

I understand that I may not take distributions from the Plan prior to my separation from service or upon attainment of age 59½, except for the occurrence of an unforeseeable emergency as determined by the Board, qualification under the DeMinimus account provision, or for the purchase of service credits in a governmental defined benefit Plan. I am aware that all pre-tax distributions will be subject to taxation as ordinary income in the year received and those payments are subject to applicable federal and state tax withholding requirements. I am aware that a Roth after-tax distribution taken before the end of the required 5-year holding period and prior to age 59½ is considered a "non-qualified" distribution. The contribution portion of the distribution is tax-free since taxes were already paid; however, any earnings are taxed as ordinary income.

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:

Minnesota State Retirement System
60 Empire Drive, Suite 300
St. Paul, MN 55103

Fax: 651.297.5238

Phone: 1.800.657.5757 or 651.284.7730

Web: www.mnretire.gov/about-mndcp