



Virginia Retirement System

VRS Defined Contribution Plans
Commonwealth of Virginia 457 Deferred Compensation Plan
WAGE/HOURLY PARTICIPANT ENROLLMENT FORM

Wage/hourly employees can complete this form to enroll in the Commonwealth of Virginia 457 Deferred Compensation Plan. All information is required on this form and if it is not provided your request may be delayed. Please confirm with your Employer both your VRS Employer Code and Employee ID as this is important to your account being established and your contributions being received.

If you are a full-time or part-time salaried employee (i.e., eligible for VRS-covered benefits), DO NOT USE THIS FORM. You should enroll online at dcp.varetire.org or call the VRS Defined Contribution Plans Service Center at 1-877-327-5261 (TTY/TTD users call 1-800-579-5708).

PERSONAL INFORMATION (please print clearly using black or blue ink)
EMPLOYER NAME: _____ VRS EMPLOYER CODE: _____
REHIRE: [] YES [] NO EMPLOYEE ID (STATE AGENCIES ONLY): _____ DATE OF EMPLOYMENT: ____/____/____
NAME: _____ SOCIAL SECURITY NUMBER: _____
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP CODE: _____
DAY PHONE: _____ EVENING PHONE: _____
E-MAIL: _____ DATE OF BIRTH: ____/____/____
GENDER: [] MALE [] FEMALE MARITAL STATUS: [] MARRIED [] SINGLE

BENEFICIARY INFORMATION (If you need additional space please attach an additional page with the requested information.)

Table with 2 main sections: Primary Beneficiary and Contingent Beneficiary. Each section has a header row and a table with 5 columns: Name/Trust and Address, Social Security/EIN Number, Relationship, Date of Birth, and Percentage Allocation. Rows are numbered 1, 2, and 3.

EMPLOYEE CONTRIBUTION ELECTION

You may elect to contribute to the Commonwealth of Virginia 457 Deferred Compensation Plan by selecting the dollar amount of your gross salary you want deducted from your wages on a per pay period basis.
[] PRE-TAX CONTRIBUTION (minimum \$10) \$ _____
[] ROTH CONTRIBUTION (minimum \$10) \$ _____

INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)

The Investment Fund Elections selected will apply to your pre-tax and/or roth contributions deferral amount(s) elected in the Employee Contribution Election section of this form.

You can change your investment selection at any time. View more information about your investment options by visiting dcp.varetire.org.

If you do not designate fund elections or elections do not total 100%, your contribution allocation will default to the one appropriate Target Date Fund based on your date of birth.

| | | | | | |
|-----------------------------------|-------|------|--------------------------------------|-------|-------------|
| Retirement Portfolio | _____ | .00% | Money Market Fund | _____ | .00% |
| Target Date 2030 Portfolio | _____ | .00% | Stable Value Fund | _____ | .00% |
| Target Date 2035 Portfolio | _____ | .00% | Bond Fund | _____ | .00% |
| Target Date 2040 Portfolio | _____ | .00% | Inflation-Protected Bond Fund | _____ | .00% |
| Target Date 2045 Portfolio | _____ | .00% | High-Yield Bond Fund | _____ | .00% |
| Target Date 2050 Portfolio | _____ | .00% | Stock Fund | _____ | .00% |
| Target Date 2055 Portfolio | _____ | .00% | Small/Mid-Cap Stock Fund | _____ | .00% |
| Target Date 2060 Portfolio | _____ | .00% | International Stock Fund | _____ | .00% |
| Target Date 2065 Portfolio | _____ | .00% | Global Real Estate Fund | _____ | .00% |
| Target Date 2070 Portfolio | _____ | .00% | Pending Account VRSIP* | _____ | .00% |
| | | | TOTAL | | 100% |

*You can allocate a maximum of 95% of your on-going contribution amount to the Pending Account VRSIP.

Participants using the Virginia Retirement System Investment Portfolio (VRSIP) are also required to maintain at least \$2,500 in the target date portfolios and/or other core investments for each plan in which they invest in the VRSIP. Participants should read the VRSIP Disclosure Document for information regarding the administrative parameters before investing in the VRSIP.

AUTHORIZATION

By signing this form, I authorize Commonwealth of Virginia 457 Deferred Compensation Plan to reduce my salary by the amounts indicated in the Employee Contribution Election section of this form. I understand if I do not complete the Investment Fund Elections section, my contributions will default to the Target Date Funds.

I hereby certify that the information I furnished herein is true, accurate and complete.

PARTICIPANT SIGNATURE _____ **DATE** _____

Please submit your completed form to:

VIA FAX:

Voya Financial
 Attn: VRS Defined Contribution Plans
 1-844-833-4545

VIA MAIL:

Voya Financial
 Attn: VRS Defined Contribution Plans
 P.O. Box 389
 Hartford, CT 06141

VIA OVERNIGHT DELIVERY:

Voya Financial
 Attn: VRS Defined Contribution Plans
 One Orange Way
 Windsor, CT 06095

If you have any questions or need to obtain additional plan or account information, please go online at dcp.varetire.org or call the VRS Defined Contribution Plans Service Center at 1-877-327-5261 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 9:00 P.M. Eastern Time (excluding stock market holidays).