

Enrollment form

I. Personal information

Last Name	First Name	M.I.	Social Security Number
_____	_____	_____	_____
Address			Date of Birth
_____			_____
City, State, Zip			Daytime Phone
_____			_____
Email Address			Evening Phone
_____			_____

II. Employer information

Agency Name / Employer Name	Agency Number (if applicable)	Hire Date (mm/dd/yyyy)
_____	_____	_____

III. Contribution election

Please select your contribution percent or dollar amount in a whole amount only. The total per paycheck minimum is \$25 for each contribution type (pre-tax or Roth). There is not a minimum for percent-of-pay contributions. The per paycheck maximum you may contribute is 75%, there is not a maximum dollar amount limit besides the IRS limits or the full dollar amount of your paycheck, whichever comes first. It is your responsibility to monitor your contributions to be sure you do not exceed the annual IRS limits. Please visit voya.com/irslimits for more information.

You can split your annual elective deferrals between Roth contributions and pre-tax contributions, but your combined contributions can't exceed the applicable annual limit. You may change your contribution amount and how you are contributing by logging into your account.

If you are not a state employee, please check with your payroll department to make sure they offer the Roth option.

Please select how you would like to begin contributing per pay period below. You must only choose percent contributions or dollar contributions, not both. If you are deferring on a percentage basis, please note, the percentage you elect will be applicable to all pay periods, including mid-month paychecks. This is only applicable to state employees.

Percent-of-Pay: (You may only choose whole percent contributions.)

Pre-tax		Roth (after-tax)
<input type="checkbox"/> 25% <input type="checkbox"/> 20% <input type="checkbox"/> 15% <input type="checkbox"/> 10% <input type="checkbox"/> 5%	AND/OR	<input type="checkbox"/> 25% <input type="checkbox"/> 20% <input type="checkbox"/> 15% <input type="checkbox"/> 10% <input type="checkbox"/> 5%
<input type="checkbox"/> Other _____% Total paycheck maximum is 75%		<input type="checkbox"/> Other _____% Total paycheck maximum is 75%

Dollar Amount:

Pre-tax		Roth (after-tax)
<input type="checkbox"/> \$800 <input type="checkbox"/> \$500 <input type="checkbox"/> \$300 <input type="checkbox"/> \$200 <input type="checkbox"/> \$125	AND/OR	<input type="checkbox"/> \$800 <input type="checkbox"/> \$500 <input type="checkbox"/> \$300 <input type="checkbox"/> \$200 <input type="checkbox"/> \$125
<input type="checkbox"/> Other \$ _____ Total paycheck minimum is \$25		<input type="checkbox"/> Other \$ _____ Total paycheck minimum is \$25

It is your responsibility to monitor your contributions to be sure you do not exceed the annual IRS limits. Please visit voya.com/irslimits for more information. Once you select your contribution amounts, you will select your investments from the options on the next page.

NOTE: The combined total of your before-tax and after-tax Roth contributions cannot exceed the lesser of 100% of your compensation or the maximum 457(b) limits for applicable plan year as indexed by the IRS.

IV. Investment election

Using whole percentages, select the investment options your Roth and/or pre-tax contributions will be invested in. You may change your contribution amount and investment elections at any time.

PRE-TAX CONTRIBUTIONS

Target Date Funds

Select the fund closest to the date you plan to begin withdrawing money from your account.

LifePath 2065 _____%
LifePath 2060 _____%
LifePath 2055 _____%
LifePath 2050 _____%
LifePath 2045 _____%
LifePath 2040 _____%
LifePath 2035 _____%
LifePath 2030 _____%
LifePath 2025 _____%
LifePath Retirement _____%

Individual Asset Class Funds

Stable Value Option _____%
Active Fixed Income _____%
Real Return Option _____%
Large Company Value Stock Option _____%
Stock Index Option _____%
Socially Responsible Investment Option _____%
Large Company Growth Stock Option _____%
Passive International Stock Option _____%
Active International Stock Option _____%
Small Company Stock Option _____%

Total _____ % must equal 100% (cannot equal more than 100%)

ROTH (AFTER-TAX) CONTRIBUTIONS

Target Date Funds

Select the fund closest to the date you plan to begin withdrawing money from your account.

LifePath 2065 _____%
LifePath 2060 _____%
LifePath 2055 _____%
LifePath 2050 _____%
LifePath 2045 _____%
LifePath 2040 _____%
LifePath 2035 _____%
LifePath 2030 _____%
LifePath 2025 _____%
LifePath Retirement _____%

Individual Asset Class Funds

Stable Value Option _____%
Active Fixed Income _____%
Real Return Option _____%
Large Company Value Stock Option _____%
Stock Index Option _____%
Socially Responsible Investment Option _____%
Large Company Growth Stock Option _____%
Passive International Stock Option _____%
Active International Stock Option _____%
Small Company Stock Option _____%

Total _____ % must equal 100% (cannot equal more than 100%)

Visit growyourtomorrow.com to review your investment options. Statements about the relative risk and return of investment options do not represent predictions of how the investments will perform and are meant to only provide a description of the investment option. The disclosure statement and other information provided by the State is meant to provide general information. Participants in OSGP will only be entitled to the assets that are lawfully credited to their account when those assets are distributed.

V. Authorization

I have read and understand the terms and conditions stated and reviewed the appropriate fund information.

I accept the terms and agree to them.

Participant's signature (do not print)

Date

In compliance with the Americans with Disabilities Act, OSGP staff will provide assistance in filling out this form to anyone who needs it. You may request assistance from Oregon Savings Growth Plan by calling **888-320-7377** or TTY **503-603-7517**.

Submit completed form to: **Voya Plan Administration**
Attn: Oregon Savings Growth Plan Administration
PO Box 389, Hartford, CT, 06141

Designation of beneficiary

I. Personal information

Participant Name

Social Security Number

Address

Daytime Phone

City, State, Zip

Evening Phone

II. Directions

You may opt for either the standard beneficiary designation **OR** designate specific primary / contingent beneficiaries.

YOU CANNOT DO BOTH.

Complete section III for the standard beneficiary designation.

Complete section IV for specific primary / contingent beneficiaries.

III. Standard beneficiary designation

PLEASE NOTE: If you choose the standard beneficiary designation, **DO NOT** complete the beneficiary information on the following page. To designate a specific beneficiary or beneficiaries, complete back of form only.

I elect the standard designation of beneficiary.

- (a) To **my spouse**: and if he or she does not survive me, then to
- (b) my **child or children** in equal shares, and the share of any child who does not survive me to his or her children living at my death in equal shares; but, if none of my children survive me then to the children of my children living at my death in equal shares; and if neither my children nor any of their children survive me, then to
- (c) my **mother and father** in equal share or to the survivor; and if neither survives me, then to
- (d) my **brothers and sisters** in equal shares, and the share of any brother and sister who does not survive me to his or her children living at my death in equal shares; but if none of my brothers and sisters survive me, then to the children of my brothers and sisters living at my death in equal shares, then to
- (e) my **estate**.

Do not use white-out, circle or cross anything out. **ALTERATIONS WILL VOID THIS FORM.** If a change is required, use a new form.

The terms "child" and "children," as used in this beneficiary designation shall include both natural born, stepchildren and adopted children, whether born or adopted before or after the date on which I selected this beneficiary.

No payment shall be made to persons included in any of the above groups should there be living at the date of my death person in any groups preceding it as listed.

Except as designated above, no dependents of any beneficiary who does not survive me will take any interest or benefit in property subject to this designation.

If you elect this option, your designation will create a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family as established by Oregon law.

In the event of your death, the value of your account, except for any portion invested through the self-directed brokerage option, will be transferred from the previous investment options into the Stable Value Fund to preserve the value of the account pending distribution to the designated beneficiary(ies)."

IV. Primary / contingent beneficiary designation

PLEASE NOTE: If you choose to complete this side, **DO NOT** complete the standard designation on the front page.

Do not use white-out or cross anything out. **ALTERATIONS WILL VOID THIS FORM.** If a change is required, use a new form.

More than one primary beneficiary may be named. If more than one is named, all payments will be split equally between the primary beneficiaries unless an allocation is designated.

More than one contingent beneficiary may be named. If more than one is named, all payments will be split equally between the contingent beneficiaries unless an allocation is designated. A contingent beneficiary receives benefits only if he / she survives the participant and the primary beneficiary(ies).

Always write full given names. For example, Mary R. Doe (not Mrs. Robert Doe).

To designate a trust, you must name a trustee and a successor trustee rather than the trust itself, e.g., To John Doe (name) trustee, or Jane Doe (name), successor trustee, of the (name of trust, dated (date), held by (name and address).

To designate your estate as beneficiary, write "The Personal Representative, Executor, or Administrator of my Estate."

Allocations have to be in whole percentages and equal 100%.

Primary beneficiary

Name	Social Security Number*	Address (City, State, Zip)	Date of Birth	Relationship	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total _____ % must equal 100% (cannot equal more than 100%)

Contingent beneficiary

Name	Social Security Number*	Address (City, State, Zip)	Date of Birth	Relationship	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total _____ % must equal 100% (cannot equal more than 100%)

* Providing a Social Security Number (SSN) is voluntary. It will be used for confirmation purposes only. Failure to supply a SSN may delay the processing of benefits to a beneficiary.

V. Authorization

I understand this designation is not effective until received and approved by the Oregon Savings Growth Plan.

I hereby revoke any and all previous designations of beneficiary(ies) to receive my Oregon Savings Growth Plan account assets.

Participant's signature (do not print)

Date

In compliance with the Americans with Disabilities Act, OSGP staff will provide assistance in filling out this form to anyone who needs it. You may request assistance from Oregon Savings Growth Plan by calling **888-320-7377** or TTY **503-603-7517**.

Submit completed form to: **Voya Plan Administration**
Attn: Oregon Savings Growth Plan Administration
PO Box 389, Hartford, CT, 06141