



PARTICIPATION AGREEMENT

DEFERRED COMPENSATION PROGRAM

PO Box 40931 Olympia, WA 98504-0931 ♦ www.drs.wa.gov/dcp
Toll Free: 1-888-327-5596 ♦ TDD: 1-877-847-6041



Please read the *Information and Instructions* before completing this form.

Personal Information

Social Security Number		Employer	Daytime Phone Number ()	
Participant Name (Last, First, Middle)			Evening Phone Number ()	
Mailing Address			E-mail Address	
City	State	ZIP	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F

Deferral Information

I authorize my employer to defer the following contribution amount from my monthly gross wages. Please contact DCP, if you want to defer more than \$1,291 **or are eligible for catch-up provisions**.

Contribution Amount: \$ _____ or _____ % (Only state agency employees may elect a percentage deferral.)

Investment Options

DCP offers you two different approaches to investing. For more on which approach may be right for you, read the Information and Instructions. We encourage you to choose only one of the two approaches (One-Step Investing or Build and Monitor) but provide the option for choosing both. Total percentages must be whole and equal to 100%.

One-Step Investing

Choosing just one fund gives you a diversified portfolio. To determine the Retirement Strategy right for you, pick your target date for retiring or withdrawing your funds and check the corresponding box.

- 2050 Retirement Strategy
- 2045 Retirement Strategy
- 2040 Retirement Strategy
- 2035 Retirement Strategy
- 2030 Retirement Strategy
- 2025 Retirement Strategy
- 2020 Retirement Strategy
- 2015 Retirement Strategy
- 2010 Retirement Strategy
- 2005 Retirement Strategy
- 2000 Retirement Strategy

Write the percentage for the selected target date _____ %

Build and Monitor

Mix and match to create a diversified portfolio. Write the percentages in the spaces below for each fund you want to invest in.

- Savings Pool _____ %
- Washington State Bond Fund _____ %
- Washington State Socially Responsible Balanced Fund _____ %
- Active U.S. Value Stock Fund _____ %
- U.S. Stock Market Index Fund _____ %
- Active U.S. Core Stock Fund _____ %
- Fidelity Growth Company Fund _____ %
- U.S. Small Stock Index Fund _____ %
- International Stock Fund _____ %

Total percentage from One-Step or Build and Monitor or both must equal 100%.

Important: Read before signing. I authorize my employer to deduct the amount or percentage indicated each month and transmit to the Deferred Compensation Program (DCP). I further authorize my employer to deduct any deferral changes I request through DCP in the future. This agreement will continue until further notification by me, as set forth in the plan. I understand a plan expense will be applied to my account value. I acknowledge I have read and understand all sections of the "Memo of Understanding."

Signature	Date
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Beneficiary Designation

I understand if I select more than one Primary Beneficiary or more than one Contingent Beneficiary, the total percentage(s) for each category must add up to 100% (use whole numbers, for example 50% and 50% or 66% and 34%). I wish to designate the following beneficiary(ies) in accordance with the provisions of the Plan:

<input checked="" type="checkbox"/> Primary Beneficiary			Percentage _____ %
Social Security Number		Beneficiary Name (Last, First, Middle)	
Mailing Address			Date of Birth (mm/dd/yyyy)
City	State	ZIP	Relationship

Check only one box

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Percentage _____ %
Social Security Number		Beneficiary Name (Last, First, Middle)	
Mailing Address			Date of Birth (mm/dd/yyyy)
City	State	ZIP	Relationship

Check only one box

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Percentage _____ %
Social Security Number		Beneficiary Name (Last, First, Middle)	
Mailing Address			Date of Birth (mm/dd/yyyy)
City	State	ZIP	Relationship

Check only one box

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			Percentage _____ %
Social Security Number		Beneficiary Name (Last, First, Middle)	
Mailing Address			Date of Birth (mm/dd/yyyy)
City	State	ZIP	Relationship

I hereby direct any accumulated deferrals in my Deferred Compensation account to be paid, in the percentages indicated above, to any primary beneficiaries who survive me. If none survive, such monies will be paid, in the percentages indicated, to any contingent beneficiaries who survive me. Completion of this form revokes any prior designations I have made.

Signature	Date
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To enroll in DCP, please complete the *Participation Agreement* form. If you have any questions, please call the DCP Information Line toll free at 1-888-327-5596 and select option 2. For TDD, call 1-877-847-6041.

- Please complete all sections of this form electronically or print legibly in black ink.
- Read the *Memo of Understanding* regarding the *Participation Agreement*.
- Sign, date and return the *Participation Agreement* form to the address on the top of the form.
- If your employer is a political subdivision such as a school district, county or city or a higher education employer, send a copy to your payroll office. This is not required for state agency employees.
- Retain a copy for your records.

Personal Information: Use your legal name and provide all requested information.

Deferral Information: Write the monthly total dollar amount you want to defer from your gross monthly wages or the percentage (up to 50%). Only state agency employees may elect a percentage.

In 2008, you may defer up to \$15,500 from your pay annually (\$1,291 monthly). The minimum monthly contribution is \$30. If you want to defer more than \$1,291 monthly, please contact DCP. Deferrals will begin on the earliest date possible, contingent upon the processing time required by your employer's payroll department and the provisions set forth in Section 457 of the Internal Revenue Code.

Investment Options: The **One-Step Investing** approach is designed for those who don't have the desire, comfort level and/or time to select their own allocation mix of funds, monitor them and make necessary changes. Each Retirement Strategy Fund is well diversified and automatically rebalances, adjusting your allocation mix as you move toward a target date that meets your needs and lifestyle.

If your target date changes, you can transfer your money to a Retirement Strategy Fund that more closely matches your revised date.

The **Build and Monitor** approach requires you to:

- Select fund(s).
- Monitor account activity.
- Rebalance allocation mix as necessary to maintain your investment objectives.

The *DCP Enrollment Booklet* and *Investment Guide* are available to help you determine your allocation mix.

Beneficiary Designation: Complete this section by designating at least one Primary Beneficiary. You may designate more than one Primary and one or more Contingent Beneficiaries. Provide each beneficiary's percentage, Social Security number, full name, mailing address, date of birth and relationship.

- A **Primary Beneficiary** will receive the accumulated deferrals of the deceased participant's account if he or she survives the participant by 30 days. The total percentages for all primary beneficiaries must equal 100%. Use whole numbers (50% and 50% **or** 66% and 34%).
- A **Contingent Beneficiary** will receive the accumulated deferrals if no primary beneficiary is still living at the time the participant dies. The total percentages for all contingent beneficiaries must equal 100%. Use whole numbers (50% and 50% **or** 66% and 34%).

To name a **Trust** as beneficiary, indicate name of Trust and date Trust was established. A copy of the Trust document should be provided.

To name your **Estate** as beneficiary, indicate my estate.

In the event of participant's death, distribution to a **Minor** requires the following before distribution can occur:

- **Guardian:** A copy of court documents showing the name, address and telephone number of Minor's court appointed guardian, or
- **Custodian:** A copy of the Trust or other documents showing power of appointment under the WA Uniform Transfers to Minors Act.

MEMO OF UNDERSTANDING

This memo highlights certain provisions of the deferred compensation program. For specific details, you should refer to the DCP *Enrollment Booklet* and *Regulations*.

I understand the following:

1. My gross salary will be reduced each month by the amount that I have elected to defer. It is my responsibility to ensure that my deferrals do not exceed the allowable amount specified in Internal Revenue Code 457; if they do, my employer may disallow deferral of the excess, which also may be taxed currently. However, during the last three years before attaining normal retirement age, or if I am 50 years of age or older, I may be able to defer a greater portion, subject to IRS limitations. Note: For information about special provisions that allow you to exceed the monthly maximum, contact DCP.
2. My deferral cannot begin sooner than the month following *Participation Agreement* approval (WAC 415-501-410). My accumulated deferrals will be held in trust by the Washington State Investment Board for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan (WAC 415-501-580). I realize that I may not assign or transfer my rights in the Plan (WAC 415-501-570).
3. I have elected to have my deferred salary invested as indicated on my *Participation Agreement*.
4. Earnings, if any, will be applied to my accumulated deferrals in accordance with the investment option I select (WAC 415-501-475).
5. I may change or stop the amount I defer and may change my investment(s) by using the Voice Response Unit (VRU), the DCP Web site, customer service representatives or by submitting the proper form. Forms are available on the DCP Web site or by calling the DCP Information Line.
6. There are only four reasons for withdrawal of my funds: Separation from service (WAC 415-501-485), an approved unforeseeable emergency (WAC 415-501-510), an approved voluntary in-service withdrawal (WAC 415-501-485), or purchase of service credits in a governmental defined benefit plan.
7. I may elect the date and method of distribution of my accumulated deferrals according to those methods approved by the Department (WAC 415-501-485). In the event of my death, any unpaid benefits will be paid to my designated beneficiaries (WAC 415-501-486).
8. The Department of Retirement Systems retains administrative control over the plan and the employer retains the right to terminate the plan (WAC 415-501-530 and WAC 415-501-540).
9. Neither my employer, nor the Department of Retirement Systems, nor its individual members, shall be liable for the performance of investments.
10. I understand that I will receive a copy of any applicable prospectus and an enrollment confirmation notice, indicating acceptance into the plan. I acknowledge that I have received a copy of and understand the information provided in the *Deferred Compensation Program Enrollment Booklet*.