PATHFINDER
OKLAHOMA

Participant Enrollment

Pathfinder 401(a) / 457(b) Plans

PARTICIPANT INFORMATION

Social Security Number _____ Last Name _____ First Name _____ M.I. ____

Date of Birth (MM/DD/YYYY) ____/____/____ **Gender** ☐ Female ☐ Male **Marital Status** ☐ Married ☐ Single

Home / Cell phone _____ Mailing Address _____ City _____ State _____ Zip _____

PARTICIPATION ELECTION

You have three options available to you in electing your level of participation in the Pathfinder plan, the defined contribution retirement system administered by the Oklahoma Public Employees Retirement System (OPERS).

Please read the entirety of this form carefully, initial your election, and provide the required signatures at the end of this document. Plan documents and additional information regarding the Pathfinder plan are available at www.okpathfinder.com.

☐ **Option 1 – Maximum Employer Match (7.0% employee contribution / 7.0% employer match)**
The maximum amount your employer may currently contribute to your retirement within the Pathfinder plan is 7.0%. You must increase your employee contribution to 7.0% (an additional 2.5% above the minimum 4.5% employee contribution) to receive the maximum employer match. Under this option, the minimum 4.5% employee contribution, all employer matching contributions, and gains or losses on those amounts will reside in an I.R.C. § 401(a) account. The additional 2.5% employee contribution, and gains or losses on those amounts, will reside in an I.R.C. § 457(b) account.

☐ **Option 2 – Minimum Participation (4.5% employee contribution / 6.0% employer match)**
The minimum percentage you must contribute to your retirement within the Pathfinder plan is 4.5%. This contribution amount will receive a 6.0% matching contribution from your employer. Under this option, the minimum 4.5% employee contribution and 6.0% employer contribution, and gains or losses on those amounts, will reside in a 401(a) account. There is no 457(b) account under this option.

☐ **Option 3 – Customized Participation (Any increment above the minimum 4.5% employee contribution)**
You may choose to contribute a customized percentage above the minimum 4.5% employee contribution up to the allowable 457(b) limits set by the Internal Revenue Service. Under this option, the minimum 4.5% employee contribution, all employer matching contributions, and gains or losses on those amounts will reside in a 401(a) account. The additional customized employee contribution, and gains or losses on those amounts, will reside in a 457(b) account. No additional employer match above the 6.0% level will be included unless you elect a contribution amount of at least 7.0%.

Total Employee Contribution Percentage: _____% [FOR OPTION 3 ONLY]
(Contribution percentage must be made in one-tenth of 1% increments. Please limit to one decimal place, e.g., 7.2%.)

PARTICIPATION AGREEMENT

Withdrawal restrictions – I understand the Internal Revenue Code and/or the plan documents may impose restrictions on transfers and/or distributions.

Investment options – I understand contributions to my 401(a) account and/or my 457(b) account will be invested in the default investment option which is selected by OPERS, unless I designate another available investment option(s) by accessing my account online or over the telephone. At my option, I may move the contributions to another available investment option(s) within the

Pathfinder plan by accessing my account online or over the telephone. If I elect to designate an investment option(s) other than the default investment option, I understand all contributions received after my election will be applied to the investment option(s) I selected, however the plan may not be required to invest deferred funds pursuant to plan provisions.

Value of account(s) – I understand and acknowledge all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I understand and acknowledge the recordkeeper can only return to me the value of my account(s) in which I am vested under the plan documents. The value of my account(s) will depend on the investment option(s) I have selected and its performance.

Beneficiary designations – In the event I do not submit to the recordkeeper a complete and acceptable beneficiary designation form for either my 401(a) or 457(b) account, upon my death distributions from both accounts will be made in accordance with plan rules.

The beneficiary designation I specify for my 401(a) account will apply to my 457(b) account, if I do not submit to the recordkeeper a complete and acceptable beneficiary designation form for my 457(b) account. The beneficiary designation I specify for my 457(b) account will apply to my 401(a) account, if I do not submit to the recordkeeper a complete and acceptable beneficiary designation form for my 401(a) account.

My current beneficiary designation supersedes all prior beneficiary designations and is effective upon its execution, delivery to, and acceptance by the recordkeeper. The right to change the beneficiary of my accounts is reserved to me. I understand beneficiaries are to share equally if percentages are not provided and any unpaid amounts upon my death will be divided equally. If my primary and contingent beneficiaries for both accounts predecease me and if I fail to designate a new beneficiary, upon my death distributions from both accounts will be made to the default beneficiary as provided by the plan documents.

Compliance with the Internal Revenue Code – I understand the maximum annual limit on contributions is determined under the plan documents and/or the Internal Revenue Code. I understand it is my responsibility to monitor the total annual contributions to ensure I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Plan charges – I understand charges and fees may apply under the Pathfinder plan and may be deducted from my account(s).

Plan documents/Investment options information – I hereby acknowledge that a copy of the plan documents has been made available to me and I agree to the rules, terms, and conditions. I also acknowledge that investment options information, including prospectuses, disclosure documents and fund profile sheets have been made available to me, and I understand the risks of investing.

Verifying confirmations/statements – I understand it is my obligation to review my confirmations and quarterly statements and inform the recordkeeper of any discrepancies or errors within 90 calendar days of the date of such confirmation or statement.

Release of liability – I understand participation in the Pathfinder plan is a benefit offered by the State of Oklahoma. In return for this benefit, I and my heirs, successors, and assignees shall hold harmless the State and its employees, officials, agents, and successors from any and all liability for all acts of good faith.

I have completed, understood and agree to all pages of the Participant Enrollment form.

REQUIRED SIGNATURES

Participant's Signature _____ Date _____

Retirement Coordinator's Signature _____ Date _____

This form is for employer records only.
Please do not send this form to OPERS or Empower Retirement©. It should be maintained as part of the participant's personnel file.