

ENROLLMENT FORM



SECTION 1: PERSONAL INFORMATION (PLEASE PRINT)

Last Name	First Name	M.I.	Social Security Number
Address			DoB
City	State	Zip	
Email			
Work Phone		Personal Phone	

SECTION 2: EMPLOYER INFORMATION

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

SECTION 3: CONTRIBUTION ELECTION

If you are not a state employee, please check with your payroll department to make sure your employer offers the Roth (after-tax) option. You may elect to contribute in a pre-tax or Roth (after-tax) status, or both.

I would like to begin contributing per pay period:

Pre-Tax (Select Investments in section 4.A)

- \$800
 \$500
 \$300
 \$200
 \$125
 Other \$ _____

Total monthly minimum is \$25.

And/Or

Roth (after-tax) (Select Investments in section 4.B)

- \$800
 \$500
 \$300
 \$200
 \$125
 Other \$ _____

Total monthly minimum is \$25.

SECTION 4: INVESTMENT ELECTION

If you choose to contribute pre-tax, Roth (after-tax) or both pre-tax and Roth, you have the option of investing 100% of your pre-tax contribution and/or 100% of your Roth contribution in a Target Date Fund or among the 9 investment options.

OSGP offers two ways to invest: Choose a Target Date Fund for a simpler approach to investing and/or select among the 9 investment options. Percentages must be whole and total 100% of investment elections for pre-tax and/or 100% for Roth. You may change your contribution amount and investment elections at any time.

SECTION 4.A: PRE-TAX CONTRIBUTIONS

Target Date Funds	Individual Asset Class Funds
Select the fund closest to the date you plan to begin withdrawing money from your account.	
LifePath 2065 _____ %	Stable Value Option _____ %
LifePath 2060 _____ %	Active Fixed Income _____ %
LifePath 2055 _____ %	Real Return Option _____ %
LifePath 2050 _____ %	Large Company Value Stock Option _____ %
LifePath 2045 _____ %	Stock Index Option _____ %
LifePath 2040 _____ %	Socially Responsible Investment Option _____ %
LifePath 2035 _____ %	Large Company Growth Stock Option _____ %
LifePath 2030 _____ %	International Stock Option _____ %
LifePath 2025 _____ %	Small Company Stock Option _____ %
LifePath Retirement _____ %	

SL3

Total _____ % must equal 100% (can not equal more than 100%)

SECTION 4.B: 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	_____ %
International Stock Option	_____ %
Small Company Stock Option	_____ %

Total _____ % must equal 100% (can not equal more than 100%)

For a description of each investment option, including the expected risk and return for each category, refer to the Investment Options Booklet at www.growyourtomorrow.com or included with the Enrollment Guide. Be sure to review the booklet before choosing your investments. You may also review the Performance Report online for historical performance. Statements about the relative risk and return of investment options do not represent predictions of how the investments will perform in the future, but rather provide only a general description of the current investment and how it has performed in the past. The disclosure statement and other information provided by the State is not intended to provide individualized investment counseling, but only general information. Employees who participate in the Oregon Savings Growth Plan will be entitled only to the assets that are lawfully credited to their account when those assets are distributed.

SECTION 5: MAKE YOUR CHOICE OFFICIAL

I have read and understand the terms and conditions stated and reviewed the appropriate fund information. I accept the terms and agree to them.

X _____
Participant's Signature (Do not print) Date

Return the Enrollment and Beneficiary Forms to:
Voya Plan Administration
Attn: Oregon Savings Growth Plan
Administration PO Box 389
Hartford, CT, 06141

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.

DESIGNATION OF BENEFICIARY



Complete one side only

Participant Name	Social Security Number
Address	
City, State, Zip	Phone Number

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.

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

Standard Designation of Beneficiary

- 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**.

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)."

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.

X

Participant's Signature (Do not print)

Date

Complete one side only

Participant Name	Social Security Number
Address	
City, State, Zip	Phone Number

Instructions:

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

Primary Beneficiary Name	Social Security Number*	Address (Street, City, State, Zip)	Date of Birth	Relationship to Participant	%

Contingent Beneficiary Name	Social Security Number*	Address (Street, City, State, Zip)	Date of Birth	Relationship to Participant	%

* 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.

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.

X _____

Participant's Signature (Do not print)

_____ Date

In compliance with the Americans with Disabilities Act, Voya staff will provide assistance in filling out this form to anyone who needs it. You may request assistance from Voya by calling **(800) 365-8494** or TTY **(800) 579-5708**.