

Quick Enrollment



North Carolina
Total Retirement Plans
457



Val R. Howell, CPA
DALE R. FOLWELL, CPA

NC 457 PLAN

525334-02

Participant Information

Yes! I would like to enroll in the NC 457 Plan and voluntarily contribute:

<div>_____</div> <div>Last Name</div>		<div>_____</div> <div>First Name</div>	<div>_____</div> <div>MI</div>	<div>_____</div> <div>Social Security Number</div>	
<div>(The name provided MUST match the name on file with Service Provider.)</div>					
<div>_____</div> <div>Address - Number & Street</div>				<div>_____</div> <div>E-Mail Address</div>	
<div>_____</div> <div>City</div>		<div>_____</div> <div>State</div>	<div>_____</div> <div>Zip code</div>	<div><input type="checkbox"/> Married <input type="checkbox"/> Unmarried</div> <div><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Unspecified</div>	
<div>()</div> <div>_____</div> <div>Home Phone</div>	<div>()</div> <div>_____</div> <div>Work Phone</div>	<div>()</div> <div>_____</div> <div>Mobile Phone</div>			
<div>Mo</div> <div>_____</div>	<div>Day</div> <div>_____</div>	<div>Year</div> <div>_____</div>	<div>_____</div> <div>Date of Birth</div>		

Select only one:

☐ I am enrolling in the NC 457 and I have not previously
enrolled in the NC 457 Plan account through a former
employer and I work for:

Union County Public Schools

Required: Name of Employer (no acronyms allowed)

OR

☐ I am enrolling in the NC 457 and I have an existing
NC 457 account through a former employer:

Required: Name of Former Employer (no acronyms allowed)

and I now work for:

Union County Public Schools

Required: Name of Employer (no acronyms allowed)

Payroll Deduction:

- ☐ I elect to contribute \$ _____ or XXXX % (\$1.00 - \$23,000.00 or 1% - 80%) per pay period of my compensations as before-tax contributions to the NC 457 Plan until such time as I revoke or amend my election.
- ☐ I elect to contribute \$ _____ or XXXX % (\$1.00 - \$23,000.00 or 1% - 80%) per pay period of my compensations as designated Roth contribution to the NC 457 Plan until such time as I revoke or amend my election.

<div>Mo</div> <div>_____</div>	<div>Day</div> <div>_____</div>	<div>Year</div> <div>_____</div>	<div>_____</div> <div>Date of Hire</div>	<div>Payroll Frequency (Required) _____</div>
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_____	_____	_____	_____	525334-02
Last Name	First Name	M.I.	Social Security Number	Number

Investment Option: I understand that this form is my election to enroll in the Plan. By signing this form, my contributions will be allocated to the Plan's default investment fund without additional action by me. If I wish to contribute to any of the investment options of the Plan other than the default fund, I understand that I must contact my Plan Administrator or local representative to obtain a Participant Enrollment Form.

The Plan has selected The NC GoalMaker moderate investment model as its default and it's based on the participant's date of birth and assuming a default retirement age of 65. Until such time as you choose investment options for your Plan account, your contributions will be invested in this investment option. I acknowledge that information about Plan investment options, including the Fund Fact sheets are available to me through my Plan Administrator or Plan Web site. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

I understand that I have the right to direct the investment of my account and that I can change my investment allocation from the Plan's default fund at any time by logging on to my account at myNCPlans.com or by calling the Voice Response System at 1-866-627-5267.

My Account: I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days from the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of the notification forward and not on a retroactive basis.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form or by logging into my account.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code.

X

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Send regular mail to: **Empower, PO Box 56025, Boston, MA 02205-6025** or request your employer upload this form into the Plan Service Center (PSC) website.

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Empower Financial Services, Inc., (EFSI). Both are Empower companies and each organization is solely responsible for its financial condition and contractual obligations. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.