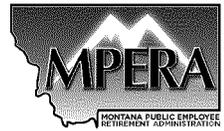


**Participant Enrollment  
Governmental 457(b) Plan**



**State of Montana Deferred Compensation Plan**

**98469-01**

**Participant Information**

Last Name	First Name	MI	Social Security Number		
Address - Number & Street			E-Mail Address		
City	State	Zip Code			
(        ) Home Phone	(        ) Work Phone		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male		
		Mo    Day    Year Date of Birth	Mo    Day    Year Date of Hire		
Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No					

**Statement Delivery** - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit [www.MPERAdcplans.com](http://www.MPERAdcplans.com) for fast and easy enrollment in our Online File Cabinet service.

**Payroll Information**

- I elect to contribute \$ \_\_\_\_\_ or \_\_\_\_\_ % (\$10.00 - \$17,500.00 or 1% - 100%) per pay period of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.
- I elect to contribute \$ \_\_\_\_\_ or \_\_\_\_\_ % (\$10.00 - \$17,500.00 or 1% - 100%) per pay period of my compensation after-tax as a designated Roth contribution to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed 100% or \$17,500.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount). If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

Payroll Effective Date: \_\_\_\_\_  
Mo                  Day                  Year

Division Name	Division Number
Agency Name	Agency Number

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

**INVESTMENT OPTION**

NAME	TICKER	CODE	%
T. Rowe Price Retirement 2005 Fund .....	TRRFX	TRRFX	___
T. Rowe Price Retirement 2010 Fund .....	TRRAX	TRRAX	___
T. Rowe Price Retirement 2015 Fund .....	TRRGX	TRRGX	___
T. Rowe Price Retirement 2020 Fund .....	TRRBX	TRRBX	___
T. Rowe Price Retirement 2025 Fund .....	TRRHX	TRRHX	___
T. Rowe Price Retirement 2030 Fund .....	TRRCX	TRRCX	___

**INVESTMENT OPTION**

NAME	TICKER	CODE	%
T. Rowe Price Retirement 2035 Fund .....	TRRJX	TRRJX	___
T. Rowe Price Retirement 2040 Fund .....	TRRDY	TRRDY	___
T. Rowe Price Retirement 2045 Fund .....	TRRKX	TRRKX	___
T. Rowe Price Retirement 2050 Fund .....	TRRMX	TRRMX	___
T. Rowe Price Retirement 2055 Fund .....	TRRNX	TRRNX	___
T. Rowe Price Retirement Income Fund .....	TRRIX	TRRIX	___



**INVESTMENT OPTION**

<u>NAME</u>	<u>TICKER</u>	<u>CODE</u>	<u>%</u>
American Funds New Perspective R4 .....	RNPEX	RNPEX	___
Artisan International Inv .....	ARTIX	ARTIX	___
Dodge & Cox International Stock .....	DODFX	DODFX	___
Mutual Global Discovery Z .....	MDISX	MDISX	___
Oppenheimer Developing Markets Y .....	ODVYX	ODVYX	___
Vanguard Small Cap Growth Index .....	VISGX	VISGX	___
Vanguard Small Cap Index Signal .....	VSISX	VSISX	___
Columbia Mid Cap Value Z .....	NAMAX	NAMAX	___
Munder Mid-Cap Core Growth A .....	MGOAX	MGOAX	___
Neuberger Berman Genesis Fund - Trust .....	NBGEX	NB-GEN	___

**INVESTMENT OPTION**

<u>NAME</u>	<u>TICKER</u>	<u>CODE</u>	<u>%</u>
Calvert Equity Portfolio A .....	CSIEX	CSIEX	___
Fidelity Contrafund .....	FCNTX	FD-CNT	___
Vanguard Equity-Income Adm .....	VEIRX	VEIRX	___
Vanguard Institutional Index Fund .....	VINIX	VG-IND	___
Vanguard Balanced Index Fund - Inst'l .....	VBAIX	VBAIX	___
Neuberger Berman High Income Bond Inv .....	NHINX	NHINX	___
PIMCO Total Return Fund - Admin .....	PTRAX	PI-TRT	___
Montana Fixed Fund .....	MONT	MONT	___

**MUST INDICATE WHOLE PERCENTAGES = 100%**

**Plan Beneficiary Designation**

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable state law.

**You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.**

**Primary Beneficiary**

**100.00%**

% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
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**Contingent Beneficiary**

**100.00%**

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
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**Participation Agreement**

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that 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 acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Compliance With Plan Document and/or the Code** - I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that 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.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call KeyTalk® or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

**Account Corrections** - 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 of 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 notification forward and not on a retroactive basis.

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Last Name

First Name

MI

Social Security Number

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## Signature(s) and Consent

### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

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**Participant Signature**

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**Date**

**Participant** forward to Service Provider at:

Great-West Retirement Services - MT

208 North Montana Avenue, #103C

Helena, MT 59601

**Phone #:** 1-877-699-4015

**Fax #:** 1-406-449-3306

**Web site:** [www.MPERAdcplans.com](http://www.MPERAdcplans.com)

Great-West Financial<sup>SM</sup> refers to products and services provided by Great-West Life & Annuity Insurance Company; Great-West Life & Annuity Insurance Company of New York, White Plains, New York; their subsidiaries and affiliates. Great-West Retirement Services<sup>®</sup> refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), Great-West Life & Annuity Insurance Company of New York, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, Great-West Life & Annuity Insurance Company of New York. Other products and services may be sold in New York by FASCore, LLC.