



STATE OF COLORADO DEFINED CONTRIBUTION RETIREMENT PLAN EMPLOYEE ENROLLMENT/CHANGE FORM

- Use this form to Enroll or make Changes to your 401 Plan.
- Read instructions on the back carefully before completing this form. Please print legibly in blue or black ink.
- **Return this form to your employer promptly. Your employer must provide the form to ICMA Retirement Corporation before the payroll date of your first deferral.**
- Note: It is important to review your next paystub to confirm your enrollment/change has been processed correctly.
- If making changes, complete Section 1 and then proceed to the appropriate section to make your changes. If new enrollment, all sections must be completed.

1 Participant Information

(check one) **NEW ENROLLMENT** **CHANGE**

Employer Plan Number **Employer Name**
 1 0 7 2 2 8 S t a t e _ o f _ C o l o r a d o

Social Security Number **Date of Birth** **Date Employed/Reired** **Reired?**
 _____ - _____ - _____ Month Day Year Month Day Year Check if yes

Name of Participant
 Last _____ First _____ M.I. _____

Mailing Address/Street: _____
 City: _____ State: _____ Zip Code: _____

Personal Information

Check if change in this section

Job Title: _____

Work Phone Number **Home Phone Number** **Marital Status** **Gender**
 (____) _____ - _____ (____) _____ - _____ Married Single M F

2 Beneficiary Designation

Check if change in this section

Name	Date of Birth	Relationship to you	Social Security Number	% of benefit
Primary Beneficiaries:	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
Contingent Beneficiaries, if any:	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____

3 Amount of Future Contributions

The employee will contribute 8% and the employer will contribute 10.15%.

4 Allocation of Future Contributions

Check if change in this section

Allocate in percentages among fund choices. Allocation percentages must total 100 percent. If the allocation total does not add up to 100 percent then the remainder will be allocated to the PLUS Fund. If no selection is given, your contribution will be allocated to the default fund selected by your employer. Use whole percentages (e.g., 50 percent, not 33 1/3 percent). Do not use fixed dollar amounts.

Fill in the boxes at right with codes of the fund(s) you want to invest in. A list of funds and codes can be found on the Investment Options sheet.

EMPLOYER ACCOUNT				EMPLOYEE ACCOUNT			
Code	Percent	Code	Percent	Code	Percent	Code	Percent
TOTAL = 100%				TOTAL = 100%			

SEE THE INVESTMENT OPTIONS SHEET FOR FUND CODES

State law, local law, or your employer may place restrictions on investment in these funds.

5 Participant Signature

Participant Signature _____ Date _____

Instructions

This form enrolls you in the State of Colorado Defined Contribution Retirement Plan and also allows you to change information once you become a member. So that we may process your enrollment and changes efficiently, please complete this form as accurately as possible. Send the form to ICMA-RC. (If you fax the form to ICMA-RC, do so BEFORE the payroll date of your first deferral and do not also send the original.)

Before you complete this form, please read the accompanying literature so you understand the plan's provisions. Future changes can be made on this form. To transfer assets between funds use VantageLine (1-800-669-7400) or go to ICMA-RC's Web site (www.icmarc.org).

IMPORTANT NOTE: Please do not delay in submitting this form. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they may be returned to your employer.

You will receive a confirmation of your enrollment/changes. You will also receive a quarterly financial statement. Please review these carefully. If you discover a discrepancy, contact Investor Services at 1-800-669-7400 immediately. All discrepancies must be reported within 30 days following the end of the quarter. Failure to do so may result in the inability to adjust your account.

1. PARTICIPANT INFORMATION

Please complete this section carefully. The information will be used to establish your account and you will receive statements at the address listed. The employer plan number is available from your employer or ICMA-RC Investor Services at 1-800-669-7400. Address changes must be made at your payroll office.

2. BENEFICIARY DESIGNATION

Use this section to designate your beneficiary (ies). If this form is not signed, the beneficiary (ies) designation you selected will not be valid. If a valid form is not filed, then at the time of your death, benefits will be paid as outlined in your employer's plan document. PLEASE NOTE: If a Social Security number is not provided and we cannot locate the named beneficiary, the account balance will be paid to the participant's estate.

Beneficiary Designation - SINGLE PARTICIPANTS

Your designation of beneficiary(ies) tells us who should receive the accumulated value of your account if you die before full distribution of your account. If no primary beneficiary(ies) lives longer than you, the benefits will be paid to your contingent beneficiary(ies). If none of your primary or contingent beneficiaries are living at the time of your death, the proceeds will be paid as outlined in your employer's plan document.

Beneficiary Designation - MARRIED PARTICIPANTS

Your spouse will be the primary beneficiary for 50 percent of your account. You may name your spouse as beneficiary for up to 100 percent of your account. You may also waive naming your spouse as beneficiary for any part of your account and then you may name someone else as beneficiary. However, if you waive naming your spouse as beneficiary, your spouse must consent to this waiver.

Your employer's plan may require that your spouse be the beneficiary for more than 50 percent of your account. If this is the case, the waiver and consent rules mentioned above still apply.

If you are unsure which provision applies to you, check with your employer or our Investor Service representatives.

Complete details about the ability to waive this benefit, including the required waiver and consent forms, are available from Investor Services at 1-800-669-7400.

PLEASE NOTE: When changing your beneficiary designation, you must re-

designate any individuals you wish to continue as primary or contingent beneficiaries in addition to listing the name of the new individual designated as a result of the change. Your beneficiary change will supersede your prior designation and ICMA-RC will follow the most recent beneficiary designation (as reflected in the Employee Enrollment/Change Form) on file."

3. AMOUNT OF FUTURE CONTRIBUTIONS

Under the State of Colorado's Plan, the employee will contribute 8% and the employer will contribute 10.15%.

4. ALLOCATION OF FUTURE CONTRIBUTIONS

You must provide us with allocation instructions for both your employee account and your employer account. For each account type, you may design your own portfolio with any number of funds. State law, local law or your employer may place restrictions on investment in these funds.

You may place your contributions in one investment option or in any combination as long as you use whole percentages (e.g., 50 percent, not 33 1/3 percent).

5 & 6. AUTHORIZED SIGNATURES

Once you have completed this form, sign it and send it to ICMA-RC. Please retain a copy for your records.

Note that by signing this form you acknowledge that you agree to the following.

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus. I understand that the Retirement Corporation has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. If allowed by my employer and in the event I choose to transfer funds by Internet or telephone, I agree that neither VantageTrust Company, the ICMA Retirement Corporation, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

An authorizing signature does not represent an obligation to use telephone transfer available on VantageLine.

WELCOME TO THE ICMA RETIREMENT CORPORATION!