The State of New Mexico

Deferred Compensation Plan

PARTICIPATION AGREEMENT, PAYROLL DEDUCTION AUTHORIZATION and SERVICE REQUEST for DEFERRED COMPENSATION PLAN

II. ENTITY NUMBER: ☐☐☐☐☐☐

Employer Name _____

Agency Name _____

Employer Address _____

_____

Payroll Center Name _____

Payroll Center Phone # (____) _____

PLEASE READ THE REVERSE SIDE OF THIS FORM PRIOR TO COMPLETION

I. Social Security Number ☐☐☐-☐☐-☐☐☐☐ Date of Birth ☐☐-☐☐-☐☐ (Month Day Year) Sex M ☐ F ☐

Salary $ _____ Includible Compensation $ _____

Name _____ (Last First MI) ☐ Check here if this is a name change (proof of name change must be attached).

Address _____ (Number & Street) _____ (Additional Mailing Information) ☐ Check here if this is a new address

_____ (City) ☐☐ (State) ☐☐☐☐-☐☐☐☐ (Zip Code)

Home Phone ☐☐☐ ☐☐☐ ☐☐☐☐ Work Phone ☐☐☐ ☐☐☐ ☐☐☐☐ Email Address _____ Ext. _____

Occupation _____ Hire Date _____

III. TYPE OF REQUEST: ☐ New ☐ Change ☐ Reinstatement

Deferrals can start or increase no earlier than the first day of the month following the month this application is signed. Start Deferral on: _____

IV. DEFERRAL SUMMARY

	OLD	NEW
Amount to Funding Options	$ _____	$ _____
Universal Life	$ _____	$ _____
SUB TOTAL	$ _____	$ _____
Special	$ _____	$ _____
TOTAL DEFERRAL	$ _____	$ _____

Special Pay Period Ending Dates

Start _____ (Annuity only) # of Pay Periods

Stop _____ _____

V. FREQUENCY:

☐ Weekly (W)-52 ☐ Monthly (M)-12 ☐ Semi-Monthly (X)-24

☐ Bi-Weekly (Z)-26 ☐ Other _____

VI. CHANGES IN UNIVERSAL LIFE COVERAGE

☐ Increase

☐ Decrease ☐ Cancel

☐ Cancel/Transfer Cash Surrender Value to Core Accounts

Policy # _____

$ _____ (Old Face Amt.) $ _____ (New Face Amt.)

INDICATE CHANGES IN DEFERRAL AMOUNTS IN THE DEFERRAL SUMMARY. LIFE INSURANCE OPTIONS ARE NOT AVAILABLE TO NEW APPLICATIONS.

VII. CATCH-UP Provision Utilized:

☐ Yes, 3-year ☐ Yes, Age 50+ ☐ No

Expected retirement date: _____

VIII. FUNDING OPTIONS – *Only for New Business or Allocation Changes – Must be in Whole % and Total 100%*

International

_____% (AFV20U) American Funds-EuroPacific Growth Fund (Class A)

_____% (FDV38U) Fidelity Diversified International Fund

Small Cap

_____% (DTV12U) Dreyfus Emerging Leaders Fund

_____% (FDV40U) Fidelity Low Priced Stock Fund

Mid Cap

_____% (ARV03U) Ariel Appreciation Fund

_____% (SCV04U) Deutsche Cash Management Fund (Inst'l Class)

_____% (TRV13U) T. Rowe Price Mid Cap Growth Fund

Large Cap

_____% (TCV17U) American Century Growth Fund (Investor Class)

_____% (TCV18U) American Century Ultra Fund (Investor Class)

_____% (CAV03U) Calvert Social Investment Equity Fund (Class A)

_____% (DCV02U) Dodge & Cox Stock Fund

_____% (FDV27U) Fidelity Contrafund

_____% (FDV30U) Fidelity Equity-Income Fund

Large Cap Cont'd

_____% (FDV28U) Fidelity Growth & Income Portfolio

_____% (FDV29U) Fidelity Magellan Fund

_____% (FDV39U) Fidelity OTC Portfolio

_____% (JNV15U) Janus Fund

_____% (MFV05U) MFS Mass Inv. Growth Stock Fund (Class A)

_____% (AFV22U) American Funds-The Growth Fund of America

_____% (VGV55U) Vanguard 500 Index Fund (Investor Class)

Balanced

_____% (DCV01U) Dodge & Cox Balanced Fund

_____% (AFV21U) American Funds-The Income Fund of America

Bonds

_____% (MFV06U) MFS High Income Fund (Class A)

_____% (VGV54U) Vanguard Total Bond Market Index Fund (Inv. Class)

Fixed/Cash

_____% (NMG01U) New Mexico Stable Value Fund

_____% **Total for both columns must equal 100%**[1,2,3]

1. If an allocation is made to a closed or unavailable investment option, the allocation will be made to the default option, the New Mexico Stable Value Fund.
2. If the total investment option allocation percentage equals less than 100%, the difference will be invested in the default option, the New Mexico Stable Value Fund.
3. If the total investment option allocation percentage is greater than 100%, your application will be rejected and your allocations will not be processed.

IX. ☐ Check here if this is a change of beneficiary. *(Any changes in the beneficiary designations supersede any prior beneficiary designations).* If you have more than one primary or contingent beneficiary, you may include them on a separate sheet. All percentages must be in whole percentages and equal 100%. If you don't indicate the percentage they are to receive, all payments will be distributed equally.

Primary Beneficiary _____ (Name (Please Print)) _____ (Social Security Number) _____ (Relationship) _____ (Date of Birth) _____ (Split %)

Contingent Beneficiary _____ (Name (Please Print)) _____ (Social Security Number) _____ (Relationship) _____ (Date of Birth) _____ (Split %)

☐ **Please contact me regarding transferring my other pre-tax retirement plans.**

I authorize my Employer to reduce my salary by the above amount which will be credited to the State of New Mexico Plan. The reduction will continue until otherwise authorized in accordance with the Plan. The withholding of my deferred amount by my Employer and its payment to the designated investment option(s) will be reflected in the first pay period contingent on the processing of this application by the Plan Administrator in conjunction with the set-up time required by my payroll center. The reduction is to be allocated to the funding options in the percentages indicated above.

I have read and understand each of the statements on the front and back of this form, which have been drafted in compliance with Section 457 of the Internal Revenue Code. I accept these terms and understand that these statements do not cover all the details of the Plan or products.

_____ (Participating Employee's Signature) _____ (Date)

_____ (Retirement Specialist's Signature/Number) _____ (Sales Director's Signature/Number) _____ (Principal's Signature)