

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

KPERS 457 - City of Topeka

130201-01

Participant Information

Last Name First Name MI <i>(The name provided MUST match the name on file with Service Provider.)</i>	Social Security Number
Mailing Address City State Zip Code Home Phone Work Phone	E-Mail Address <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

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with Empower?* Yes, I would like a representative to call me at phone # _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 7 a.m. to 9 p.m. Central time). *Rollovers are subject to your Plan's provisions.

Payroll Information

- I elect to contribute \$ _____ or _____% (do not complete both) (up to \$22,500.00 or 1% - 100%) per pay period of my compensation as Before Tax contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.
- I elect to contribute \$ _____ or _____% (do not complete both) (up to \$22,500.00 or 1% - 100%) per pay period of my compensation as Roth contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

Paycheck Effective Date: _____
Mo Day Year

Investment Option Information (applies to all contributions) - Please refer to your communication materials 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			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
Vanguard Target Retirement Income Inv.....	VTINX	_____	DFA US Targeted Value I.....	DFVFX	_____
Vanguard Target Retirement 2020 Inv.....	VTWNX	_____	Vanguard Small Cap Index Instl.....	VSCIX	_____
Vanguard Target Retirement 2025 Inv.....	VTTVX	_____	Delaware Ivy Mid Cap Growth R6.....	IGRFX	_____
Vanguard Target Retirement 2030 Inv.....	VTHRXX	_____	Vanguard Mid Cap Index Ins.....	VMCIX	_____
Vanguard Target Retirement 2035 Inv.....	VTTHX	_____	Victory Sycamore Established Value R6.....	VEVRX	_____
Vanguard Target Retirement 2040 Inv.....	VFORX	_____	American Funds Growth Fund of Amer R6....	RGAGX	_____
Vanguard Target Retirement 2045 Inv.....	VTIVX	_____	DFA US Large Cap Value I.....	DFLVX	_____
Vanguard Target Retirement 2050 Inv.....	VFIFX	_____	Fidelity Contrafund.....	FCNTX	_____
Vanguard Target Retirement 2055 Inv.....	VFFVX	_____	Vanguard Institutional Index I.....	VINIX	_____
Vanguard Target Retirement 2060 Inv.....	VTTSX	_____	T. Rowe Price Capital Appreciation.....	PRWCX	_____
Vanguard Target Retirement 2065 Inv.....	VLXVX	_____	Metropolitan West Total Return Bond Plan....	MWTSX	_____
American Funds Capital World G/I R6.....	RWIGX	_____	Schwab Treasury Infl Protected Secs Idx.....	SWRSX	_____
American Funds EuroPacific Gr R6.....	REGRX	_____	Vanguard Total Bond Market Index Inst.....	VBTIX	_____

Last Name

First Name

M.I.

Social Security Number

INVESTMENT OPTION

INVESTMENT OPTION

NAME	TICKER CODE	%
Dodge & Cox International Stock - I.....	DODFX DODFX	_____
AB Small Cap Growth Z.....	QUAZX QUAZX	_____

NAME	TICKER CODE	%
Stable Value Fund.....	N/A KANSVF	_____
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 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 ()	Primary Beneficiary Name	Date of Birth
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	

Contingent Beneficiary
100.00%

% of Account Balance ()	Contingent Beneficiary Name	Date of Birth
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	

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 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 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 the Voice Response System 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 180 calendar days of the last calendar quarter. After this 180 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 180 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Last Name

First Name

M.I.

Social Security Number

130201-01

Number

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

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

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.

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at

kpers457.org

Click on *Upload Documents* to submit

OR

Sent regular mail to:

Empower

PO Box 173764

Denver, CO 80217-3764

OR

Sent express mail to:

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.