

The Minnesota Deferred Compensation 457(b) Plan is voluntary savings plan intended for long-term investing for retirement. It is a smart and easy way to supplement retirement income from the Minnesota public pension and Social Security benefits.



After you complete this form, your contributions will be invested in a Target Retirement Fund¹ nearest to your retirement date at age 65. Once enrolled, you may change your contribution amount or investment options at any time.

1. Personal information

Name (last, first, MI)		Social Security number		Date of birth
Address		City	State	Zip code
Daytime phone number	Employer name		Employee ID (for state employees only)	

2. Enrollment instructions

I wish to contribute per pay period. Write zero if you wish to stop contributing.

\$ _____ per pay period on a **pre-tax** basis. (\$10 minimum)

\$ _____ per pay period on a **Roth after-tax** basis. (\$10 minimum)

Note: Not all employers allow Roth contributions. Please check with your employer.

PARTICIPATION AGREEMENT

Investment Option

By signing this form, I am directing that my contributions will be allocated to the MN Target Retirement Fund that most closely coordinates with my year of retirement at age 65.¹ I acknowledge that information about the MN Target Retirement Funds and information about other Plan investment options, including prospectuses, disclosure documents, and fund data sheets, have been made available to me. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value. I understand this investment election will remain effective until I make a subsequent investment election for my Plan account. I understand that I can change this election at any time.

My Account

I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies and errors. If I do not communicate a request for correction within 60 days from the date of the statement, account information shall be deemed accurate and acceptable to me.

Beneficiary Designation

I understand that my beneficiary will be the Plan's default designation (surviving spouse or, if none, my estate) until I elect my own beneficiary(ies).

Required Signature

By signing this form, I verify this enrollment is voluntary. I acknowledge that I have previously received detailed information about the Plan and understand that my participation in the Plan must be in compliance with requirements and terms of the Plan Document and Internal Revenue Code. I understand that MSRS, as Administrator of the Plan, is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Service Center 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 website at: <https://home.treasury.gov/policy-issues/office-of-foreign-assets-control-sanctions-programs-and-information>

Participant Signature _____ Date _____

¹ Generally, the asset allocation of each target date fund will gradually become more conservative as the fund nears the target retirement date. The date in a target date fund's name is the approximate date when investors plan to start withdrawing their money (which is never guaranteed).

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Contact Us:



Mail or fax completed form to:

Minnesota State Retirement System
60 Empire Drive, Suite 300
St. Paul, MN 55103

Fax: 1.888.529.1832

Phone: 1.800.657.5757 or 651.296.2761

Web: www.msrs.state.mn.us/about-mndcp