



South Carolina Deferred Compensation Program

Participation Enrollment Agreement/Beneficiary Designation

Page 1 of 2

PLEASE PRINT OR TYPE IN DARK INK. COMPLETE BOTH PAGES OF THIS FORM TO ENROLL IN THE PROGRAM AND DESIGNATE A BENEFICIARY. COMPLETE PAGE 2 OF THIS FORM ONLY TO DESIGNATE A BENEFICIARY OR TO CHANGE YOUR CURRENT BENEFICIARY DESIGNATION. YOU MUST SIGN AND DATE PAGE 2 OF THIS FORM REGARDLESS OF THE ACTION BEING TAKEN.

PARTICIPANT INFORMATION			
Participant Name	Social Security Number	Date of Birth	
Home Address	City	State	ZIP Code
Employer Name	Payroll Code	Work Telephone Number	Home Telephone Number

ENROLLMENT ELECTION	
I elect to enroll in the following plan(s):	<input type="checkbox"/> 401(k) Profit Sharing Plan and/or <input type="checkbox"/> 457 Deferred Compensation Plan
Amounts must be in whole dollars only.	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> \$ _____ <i>per paycheck</i> <i>(whole dollars only)</i> </div> <div style="text-align: center;"> \$ _____ <i>per paycheck</i> <i>(whole dollars only)</i> </div> </div>
Upon completion and return of this Participation Enrollment Agreement, a Personal Identification Number (PIN) will be mailed to you. Once you receive your PIN, you may call 1-866-826-7283 or login to scrs.csplans.com to access your account information. You may elect to enroll in either plan or both plans.	

FUNDING OPTIONS – Please enter percentages in 5% increments and make sure the totals equal 100%*		
401(k) Profit Sharing Plan		457 Deferred Compensation Plan
_____ %	84-Month Guaranteed Certificate Fund	_____ %
_____ %	Stable Value Fund	_____ %
_____ %	PIMCO Total Return Fund	_____ %
_____ %	Oppenheimer Capital Income Fund	_____ %
_____ %	Dodge & Cox Stock Fund	_____ %
_____ %	Vanguard Institutional Index Plus Fund	_____ %
_____ %	American Century Ultra Investors Fund	_____ %
_____ %	T. Rowe Price Mid-Cap Value Fund	_____ %
_____ %	Franklin Small-Mid Cap Growth	_____ %
_____ %	Brazos Micro Cap Growth Portfolio	_____ %
_____ %	EuroPacific Growth Fund	_____ %
_____ %	Fidelity Diversified International Fund	_____ %
Total _____ %	Totals Must Equal 100%	Total _____ %
*Although the plans allow percentages in increments of 1%, 5% increments are preferred.		



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IF YOU ARE DESIGNATING A BENEFICIARY OR CHANGING YOUR CURRENT BENEFICIARY DESIGNATION, YOU DO NOT NEED TO COMPLETE PAGE 1 OF THIS FORM. YOU MUST, HOWEVER, COMPLETE PAGE 2 AND SIGN AND DATE THE FORM.

BENEFICIARY ELECTION

Participant Name	Social Security Number	Today's Date
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Please fill in the name and relationship of your primary and contingent beneficiaries. A primary beneficiary is the person who is your first choice to receive your Program benefits if you should die. A contingent beneficiary is the person who would receive your Program benefits if your primary beneficiary should die prior to your death. You may name one or more primary and contingent beneficiaries. Your contingent beneficiaries will not receive benefits unless all of your primary beneficiaries predecease you.

Name of Primary Beneficiary	Relationship	Percentage Payable
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
		(Total = 100%)
Name of Contingent Beneficiary	Relationship	Percentage Payable
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
		(Total = 100%)

AUTHORIZATION FOR ENROLLMENT AND/OR BENEFICIARY DESIGNATION

Signature of Participant	Date
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Please return your completed forms to: South Carolina Deferred Compensation Program
c/o CitiStreet
P.O. BOX 5182
Boston, MA 02206-5182