



Suffolk County Public Employees Deferred Compensation Plan Enrollment Form

Participant Information

Name	Social Security Number
Street Address	Daytime Phone Number
City, State, ZIP Code	Date of Birth
Employment Date	Email Address

Participant Election

Election to Participate

I hereby elect to contribute to the Plan. I have received written information on the Plan, and I understand the general requirements, including the salary deferral contribution (pretax) election. I understand that this Plan is not a savings plan but a deferral of compensation until retirement and that access prior to separation from service to the money contributed is allowed under only **very** limited circumstances. The Board may permit an “unforeseeable emergency” withdrawal if the Internal Revenue Service (IRS) requirements are met and a severe financial hardship occurs as a result of events beyond my control. I understand that I must elect the amount of the salary deferral to be contributed to the Plan, and I understand that my total pretax salary deferrals may not exceed current IRS limits. I further understand that this election will automatically apply to all future salary adjustments unless I amend the election:

Deferral Amount

Amount to be deferred biweekly:

\$_____ (whole dollars only; minimum of \$10 biweekly)

OR _____% (whole percentages only; from 1% to 100%*)

I understand that this amount will continue to be deferred until I make a change.

** Please account for mandatory deductions. All deductions (FICA, union dues, etc.) will be taken before salary deferrals.*

Investment Allocation

Please choose where to invest your contributions. Elections must be in whole percentages and the **total on this page must equal 100%**.

Age-based investment: If you want a portfolio that automatically adjusts over time, consider investing in an age-based target date investment.

TRP Retirement Balanced Trust F	_____ %	TRP Retirement 2025 Trust F	_____ %	TRP Retirement 2050 Trust F	_____ %
TRP Retirement 2005 Trust F	_____ %	TRP Retirement 2030 Trust F	_____ %	TRP Retirement 2055 Trust F	_____ %
TRP Retirement 2010 Trust F	_____ %	TRP Retirement 2035 Trust F	_____ %	TRP Retirement 2060 Trust F	_____ %
TRP Retirement 2015 Trust F	_____ %	TRP Retirement 2040 Trust F	_____ %		
TRP Retirement 2020 Trust F	_____ %	TRP Retirement 2045 Trust F	_____ %		

Build-your-own portfolio: Decide how much money you want to invest in each investment category and then choose your own diversified mix of investment choices.

STOCKS

Allianz GI Technology, Inst'l	_____ %	Neuberger Berman Genesis Fund R6	_____ %	TRP Int'l Small Cap Equity Trust, D	_____ %
American Beacon Small Cap Value, Inst'l	_____ %	Oppenheimer Developing Mkts, I	_____ %	TRP Japan Fund	_____ %
American Century Balanced, Inst'l	_____ %	Oppenheimer Value Fund, I	_____ %	TRP Latin America Fund	_____ %
American Century Equity Income, R6	_____ %	RidgeWorth Ceredex Mid Cap Value Equity, I	_____ %	TRP Media & Telecom Fund	_____ %
American Century Heritage Fund, R6	_____ %	TRP Africa & Middle East Fund	_____ %	TRP New America Growth Fund	_____ %
American Funds EuroPacific Growth, R6	_____ %	TRP Balanced Fund	_____ %	TRP New Asia Fund	_____ %
American Funds Growth Fund of America, R6	_____ %	TRP Blue Chip Growth Trust, T5	_____ %	TRP New Era Fund	_____ %
American Funds New Perspective, R6	_____ %	TRP Capital Appreciation Trust, D	_____ %	TRP New Horizons Trust, D	_____ %
AMG Mgrs Fairpointe Mid Cap Fund I	_____ %	TRP Dividend Growth Fund	_____ %	TRP Overseas Stock Fund	_____ %
Dodge & Cox Int'l Stock Fund	_____ %	TRP Emerging Europe Fund	_____ %	TRP Real Estate Fund	_____ %
Dreyfus Midcap Index Fund	_____ %	TRP Emerging Markets Stock Fund	_____ %	TRP Science & Technology Fund	_____ %
Dreyfus Small Cap Stock Index Fund	_____ %	TRP Equity Income Trust, D	_____ %	TRP Spectrum Growth Fund	_____ %
Fidelity Advisor Diversified Int'l, Inst'l	_____ %	TRP European Stock Fund	_____ %	TRP Spectrum Int'l Fund	_____ %
Fidelity Advisor Health Care Fund, I	_____ %	TRP Financial Services Fund	_____ %	TRP US Mid-Cap Growth Equity Trust, D	_____ %
Franklin Natural Resources Fund, Adv.	_____ %	TRP Global Technology Fund	_____ %	TRP US Small-Cap Value Equity Trust, D	_____ %
Franklin Small-Mid Cap Growth, R6	_____ %	TRP Health Sciences Fund	_____ %	TRP US Value Equity Trust, D	_____ %
JPMorgan Large Cap Growth Fund, R6	_____ %	TRP Int'l Growth Equity Trust, D	_____ %	Vanguard Institutional Index Fund, Inst'l	_____ %

BONDS

American Century Gov't Bond Fund, R5	_____ %	TRP Bond Trust I, T5	_____ %	TRP International Bond Fund	_____ %
American Century Inflation Adj. Bond R5	_____ %	TRP Emerging Markets Bond Fund	_____ %	TRP Short-Term Bond Fund	_____ %
Franklin Strategic Income Fund, R6	_____ %	TRP GNMA Fund	_____ %	TRP Spectrum Income Fund	_____ %
PIMCO Total Return Fund, Inst'l	_____ %	TRP High Yield Fund	_____ %	TRP US Treasury Long-Term Fund	_____ %

STABLE VALUE

T. Rowe Price Stable Value Common Trust Fund	_____ %
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TRP = T. Rowe Price

I agree that neither the Suffolk County Public Employees Deferred Compensation Board nor its members, nor the Suffolk County Public Employees Deferred Compensation Plan Administrator, the County, the trustee, T. Rowe Price Group, Inc., its affiliates, nor its funds will be liable for any loss when acting upon instructions believed to be genuine.

I agree to be bound by the terms of the prospectus for each fund I have selected as an investment option. Fund prospectuses can be obtained upon request, are available at **troweprice.com** and will be sent to me when I purchase shares of a fund.

Beneficiary Designation

Participant Name: _____ Social Security Number: _____

Present Marital Status

Single

Married

Domestic Partner

I, the undersigned, hereby elect that upon my death the following person(s) shall be my primary (below) and secondary (next page) beneficiary(ies) under the Plan.

PRIMARY BENEFICIARY(IES)

Last Name First Name M.I.

Last Name First Name M.I.

Social Security Number

Social Security Number

Street Address

Street Address

City State ZIP Code

City State ZIP Code

Birth Date Relationship

Birth Date Relationship

%
Percent

%
Percent

If you name more than one primary beneficiary, your account will be divided equally among the primary beneficiaries who survive you unless you specify otherwise.

Check here if you have more than two primary beneficiaries and have used space on the "Additional Beneficiaries" page

Your "Primary Beneficiary(ies)" listed above and on "Additional Beneficiaries" page if used, **must add up to 100%**.

