



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

### BONDS

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

### STABLE VALUE

T. Rowe Price Stable Value Common Trust Fund	_____ %
--	---------

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.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Birth Date Relationship

\_\_\_\_\_  
%  
Percent

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Birth Date Relationship

\_\_\_\_\_  
%  
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 the "Additional Beneficiaries" page, if used, **must add up to 100%**.

## SECONDARY 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 secondary beneficiary, your account will be divided equally among the secondary beneficiaries who survive you unless you specify otherwise.

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

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

### Reminder

To enroll in the Suffolk County Deferred Compensation Plan, all pages of this form must be completed and returned to T. Rowe Price for processing at:

T. Rowe Price Retirement Plan Services, Inc.  
Special Attention: Forms Enclosed  
P.O. Box 17215  
Baltimore, MD 21297-1215

### Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

