PARTICIPATION ENROLLMENT AGREEMENT

SOUTH CAROLINA

THE SOUTH CAROLINA DEFERRED COMPENSATION PROGRAM

Complete of this form to enroll in the Program. You must sign and date regardless of the action being taken.
You must also complete and return the Beneficiary Designation Form.

PLEASE PRINT OR TYPE IN DARK INK.

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

FUND OPTIONS—Please enter percentages in 5% increments and make sure the totals equal 100%

	401(k) Plan and/or Roth 401(k)		457 Plan
TARGET RETIREMENT FUNDS	____%	SSgA Target Retirement Income Fund	____%
	____%	SSgA Target Retirement 2010 Fund	____%
	____%	SSgA Target Retirement 2020 Fund	____%
	____%	SSgA Target Retirement 2030 Fund	____%
	____%	SSgA Target Retirement 2040 Fund	____%
CASH EQUIVALENTS	____%	84-Month Guaranteed Certificate Fund	____%
	____%	Stable Value Fund	____%
MUTUAL FUNDS	____%	PIMCO Total Return Fund	____%
	____%	Oppenheimer Capital Income Fund	____%
	____%	Dodge & Cox Stock Fund	____%
	____%	Vanguard Institutional Index Plus Fund	____%
	____%	T. Rowe Price Growth Stock Fund	____%
	____%	T. Rowe Price Mid-Cap Value Fund	____%
	____%	Munder Mid-Cap Core Growth Fund	____%
	____%	Keeley Small Cap Value Fund	____%
	____%	Brazos Micro Cap Fund	____%
	____%	American Funds EuroPacific Growth Fund	____%
	____%	Fidelity Diversified International Fund	____%
	Total ____%	**TOTALS (Must equal 100%)**	Total ____%

ENROLLMENT ELECTION

I elect to enroll in the following plan(s): (select as many as applicable)

☐ 401(k) Plan ☐ Roth 401(k) Plan ☐ 457 Plan

Amounts must be in whole dollars only.

$_____ *per paycheck (whole dollars only)*

$_____ *per paycheck (whole dollars only)*

$_____ *per paycheck (whole dollars only)*

Upon completion and return of this Participation Enrollment Agreement, a **P**ersonal **I**dentification **N**umber (PIN) will be mailed to you. Once you receive your PIN, you may call 1-866-826-7283 or log on to http://scrs.csplans.com to access your account information.
You may elect to enroll in either plan or both plans.

AUTHORIZATION FOR ENROLLMENT

_____ Signature of Participant

_____ Date

Please return your completed form to:
South Carolina Deferred Compensation Program c/o CitiStreet
P.O. Box 5182 Boston, MA 02206-5182 or fax to: 1-888-850-1359