

In Lieu of Social Security
SALARY DEFERRAL AGREEMENT IRC SECTION 457
Louisiana Public Employees Deferred Compensation Plan
 Baton Rouge, LA 70808 TELEPHONE: 800-937-7604 FAX: 225-296-6832 www.louisianadcp.com

EMPLOYER / AGENCY NAME	EMPLOYER ADDRESS/LOCATION	PLAN #/ DEPT#
LSU-BR	110 Thomas Boyd Hall Baton Rouge, LA 70803 Office telephone () - - - - -	98228-01 /

EMPLOYEE NAME & ADDRESS:			SOCIAL SECURITY #:
Last Name _____	First Name _____	MI _____	_____ - _____ - _____
Address - Street & Number _____			ANNUAL SALARY: \$ _____
City _____	State _____	Zip Code _____	Home # () - _____ Cell # () - _____
<i>*EMAIL ADDRESS:</i> _____			

PAY PERIODS: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

SELECT ONE OF THE FOLLOWING:

- New Enrollment
 Increase Contributions
 One Time Annual Leave/Lump-Sum Pay
 Single Payroll Deferral
 Restart Contributions
 Decrease Contributions
 Stop Contributions
 Change of Deferral Type only (before-tax/after-tax)

CONTRIBUTION ELECTION: 2017 ANNUAL LIMIT: \$18,000 or 2017 AGE 50+ LIMIT: \$24,000
PARTICIPANTS ARE RESPONSIBLE FOR MONITORING THEIR CONTRIBUTIONS AND LIMITS

"BEFORE-TAX CONTRIBUTIONS"
 Amount \$ _____ OR 7.5 % per pay period
 I hereby authorize and direct my Employer to deduct from my GROSS salary.

ROTH "AFTER-TAX CONTRIBUTIONS"
 Amount \$ _____ OR _____ % per pay period
 I hereby authorize and direct my Employer to deduct from my NET salary.

NOTE: If selecting both Before-Tax AND ROTH After-Tax contributions per paycheck, you must select an amount or a percentage. A percentage cannot be selected for one and an amount for the other.

LEAVE PAY/LUMP-SUM PAY: I wish to direct all of my first 300 hours of leave pay (if available) from my last paycheck not to exceed the annual contribution limit. * Final paycheck date: _____ (Form must be received the month prior to your final paycheck date.) OR

LEAVE PAY/LUMP-SUM PAY: I wish to direct \$ _____ of leave pay from my last paycheck not to exceed the annual contribution limit. Final paycheck date: _____ (Form must be received the month prior to your final paycheck date.)

*Please include your email address so that we may confirm your final calculation.

PAYCHECK EFFECTIVE DATE: *OSUP paid employees' contributions will take effect 2 full paychecks after the completed paperwork is received in good order; all others take effect the MONTH after completed paperwork is received in good order.

To elect a future paycheck date other than the default: _____ Mo _____ Day _____ 20____ Year

SPECIAL CATCH-UP FORMS: Contact the Baton Rouge office.

REQUIRED SIGNATURES: I have reviewed, understand, and agree to the provisions as stated on the reverse side of this form. I understand and agree to monitor my contributions and annual limits to avoid over deferring.

Participant Signature	Date
Authorized Commission Signature	Date

For agencies with matching contributions. (There is no match for State Agencies)		
EE Contribution \$ <u>7.5%</u>	+ Employer Contribution \$ <u>6.2%</u>	= Total \$ <u>13.7%</u>

Salary Deferral Agreement
IRC Section 457 Plan Provisions

Whereas the Louisiana Deferred Compensation Commission, hereinafter referred to as the "Commission" has established the Louisiana Public Employees Deferred Compensation Plan, hereinafter referred to as "the Plan" pursuant to Internal Revenue Code (the "Code") Section 457; and Louisiana R.S. 42:1301-1308; and

Whereas I, as the employee, have elected to participate in the Plan by deferring a portion of my salary into the Plan, it is hereby agreed as follows:

I authorize and request my Employer to reduce my salary as of the effective date designated on the front of this form (this date cannot precede the date on which this agreement is signed), and direct my Employer, its proper officers, agents and employees forward these deferrals to the Plan. The deferral agreement will be effective in the following calendar month, and is subject to the ability of my Employer to process this request. In the alternative, this deferral agreement will go into effect at the next available pay period.

I agree and understand that increasing, decreasing or stopping the amount deferred per pay period requires that a new Agreement be submitted to be effective in the following calendar month, and is subject to the ability of my Employer and the Plan to process this request. If I experience an unforeseeable emergency distribution, deferrals will be suspended for a minimum time period of six months as designated by the Plan.

Effective, January 1, 2015, participants may begin directing their deferrals to ROTH after-tax contributions. I understand that Code Section 457 limits the amount that I may defer each year, to the lesser of 100% of compensation, up to the annual deferral amount (**\$18,000 in 2017**). Additionally, if age 50 or older, I may elect the Age 50+ provision to defer an additional amount (**\$6,000 in 2017**) above the annual deferral limit, for a total annual deferral of \$24,000 in 2017. The IRS annual contribution limit takes into account a combination of both pre and after tax dollars. I may increase my deferrals in future years as the IRS and Plan Document provides.

During the three calendar years ending prior to my normal retirement age as defined by the Plan, I may be eligible to contribute a 457 "**Special Catch-Up**" amount if I did not contribute the maximum allowable amount during the years of my eligibility in the Plan since January 1, 1979. I understand that this provision may not be used during the calendar year if the Age 50+ provision is elected, nor may a catch-up contribution be made during the calendar year of my normal retirement age, nor may a catch-up contribution be made if I previously participated in Special Catch-Up under this or any other Section 457 Plan. It is my responsibility to monitor the amount I contribute per pay period to ensure that my total annual contributions to the Plan do not exceed the amount permitted under the Internal Revenue Code, as amended from time to time. I agree to execute a new Agreement to avoid contributing excess amounts.

I understand that this Agreement is irrevocable as to salary earned while the Agreement is in effect. However, I may terminate the Agreement at any time with respect to amounts not yet earned by submitting written notice to the Employer. I understand that the Employer will reduce my salary pursuant to the terms of this Agreement only to the extent that the amount of my gross salary for any pay period exceeds the amount I have elected to defer in any pay period.

I understand that in general, distributions may not be made from this Section 457 Plan until the earlier of my retirement, severance from employment with the Employer, in-service distribution at age 70½ or older, in-service DeMinimis, Purchase of Defined Benefit Plan Service Credit, death or upon my experiencing an unforeseeable emergency as defined by the Plan. If an employee incurs a break in service for a period of less than 30 days or transfers among various Louisiana governmental entities, such break or transfer shall not be considered a severance from employment.

In consideration of the Employer's compliance with the terms of this Agreement, I agree to hold the Commission, my Employer, Empower Retirement®, its members, officers, agents, employees, successors and assigns harmless from and against any and all liability whatsoever arising out of or in connection with this Agreement, including but not limited to any costs or tax penalties that I may incur as a result of, or in connection with, the authorization and direction given by me in this Agreement.

For more information, please call:

LOCAL (225) 926-8082

TOLL-FREE (800) 937-7604

FAX (225) 296-6832



Participant Enrollment Governmental 457(b) Plan

Louisiana Public Employees Deferred Comp. Plan

98228-01

Participant Information

Last Name			First Name			MI			Social Security Number								
Mailing Address												E-Mail Address					
City				State				Zip Code				<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male					
()			()			Mo Day Year			Mo Day Year			Date of Birth			Date of Hire		
Home Phone						Work Phone						Annual Income					

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with State of Louisiana?* Yes, I would like a representative to call me at phone # _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to your Plan's provisions.

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit www.louisianadcp.com for fast and easy enrollment in our Online File Cabinet service.

Payroll Information

- I elect to contribute \$ _____ or 7.5 % (\$10.00 - \$18,000.00 or 1% - 100%) per pay period of my compensation as before-tax contributions to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.
- I elect to contribute \$ _____ or _____ % (\$10.00 - \$18,000.00 or 1% - 100%) per pay period of my compensation after-tax as a designated Roth contribution to the Governmental 457(b) Deferred Compensation Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed 100% or \$18,000.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount). If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

Payroll Effective Date: _____
Mo Day Year

Payroll Center Name			Payroll Center Number		
Division Name			Division Number		

Managed Accounts Service Information

The Managed Accounts Service provided by Advised Assets Group, LLC ("AAG") will automatically direct your investment election for future contributions and will rebalance your account quarterly, if necessary. This election will be effective the day of receipt if received in good order by Service Provider prior to New York Stock Exchange market close. Any request received after New York Stock Exchange market close will be considered received the next business day. By electing the Managed Accounts Service, I agree to the fees associated with this service and understand the fee will be deducted from my account on a quarterly basis in accordance with the attached Managed Accounts Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

Managed Accounts Service:

By checking this box, I elect to have my account professionally managed by Advised Assets Group, LLC ("AAG") until such time as I revoke or amend my election.

-OR-

Select My Own Investment Options:

I elect to direct my own investments. By declining the Managed Accounts Service, I agree to, understand and acknowledge the following:

1. I had the opportunity to have an investment expert, Advised Assets Group, LLC ("AAG"), make investment decisions on my behalf and I chose not to accept this option.
2. I am required to direct all the investments of my accounts (current balance, future contributions and rollover monies) in this Plan by completing the investment election in the Investment Option Information section.
3. I take full responsibility for my own investment elections.
4. I have received and reviewed the information in my enrollment kit about my investment choices and have had an opportunity to freely choose how my accounts are invested. I further understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

Make your investment election for future deposits in the Investment Option Information section.

Do not complete this section if you are electing to enroll in the Managed Accounts Service.

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION			INVESTMENT OPTION		
<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>	<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
LifePath Index Retirement Fund J.....	N/A LFPRTJ	_____	LifePath Index 2060 Fund J.....	N/A LFP60J	_____
LifePath Index 2020 Fund J.....	N/A LFP20J	_____	Principal Diversified Real Asset R6.....	PDARX PDARX	_____
LifePath Index 2025 Fund J.....	N/A LFP25J	_____	American Funds EuroPacific Gr R6.....	REGX REGX	_____
LifePath Index 2030 Fund J.....	N/A LFP30J	_____	BlackRock Total Intl ex US Idx K.....	BDOKX BDOKX	_____
LifePath Index 2035 Fund J.....	N/A LFP35J	_____	BlackRock Total Stock Market Index K.....	BKTSX BKTSX	_____
LifePath Index 2040 Fund J.....	N/A LFP40J	_____	MFS Core Equity R6.....	MRGKX MRGKX	_____
LifePath Index 2045 Fund J.....	N/A LFP45J	_____	BlackRock U.S. Total Bond Index K.....	WFBIX WFBIX	_____
LifePath Index 2050 Fund J.....	N/A LFP50J	_____	Prudential Total Return Bond Q.....	PTRQX PTRQX	_____
LifePath Index 2055 Fund J.....	N/A LFP55J	_____	Stable Value Fixed Income Fund.....	N/A STLASV	_____
MUST INDICATE WHOLE PERCENTAGES					= 100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary

100.00%

% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
()				

Phone Number (Optional)

Contingent Beneficiary

100.00%

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
()				

Phone Number (Optional)

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - If I elect to direct my own investments, I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

I understand if I elect to have my account managed by Advised Assets Group, LLC ("AAG"), that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the Managed Accounts Service, I understand that I must provide my Social Security number, date of birth, gender, marital status and annual income. If any of this information is not provided, I understand that I will not be enrolled in the Managed Accounts Service.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Managed Accounts Service Fee - If you elect the Managed Accounts Service, a quarterly fee will be assessed. If you wish to opt-out in the future please call an Advised Assets Group, LLC ("AAG") Representative at your Plan's the Voice Response System number.

Signature(s) and Consent**Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the Managed Accounts Agreement. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider 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 Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature**Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Plan Administrator/Trustee

Authorized Plan Administrator/Trustee Approval**Authorized Plan Administrator/Trustee Signature****Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

Plan Administrator forward to Service Provider at:

Louisiana Public Emp Def Comp Plan
9100 Bluebonnet Centre Blvd., Suite 203
Baton Rouge, LA 70809

Phone #: 1-800-937-7604

Fax #: 1-225-296-6832

Web site: www.louisianadcp.com

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

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