

Enroll in the Wisconsin Deferred Compensation Program today by completing the information below and returning this form by fax to (608) 241-6045 or by mail to WDC, 5325 Wall St, Ste. 2755, Madison, WI 53718.

YES! I would like to enroll in the WDC Program and voluntarily contribute

\$ \_\_\_\_\_ per pay period of my eligible compensation on a before-tax basis.

\$ \_\_\_\_\_ per pay period of my eligible compensation on an after-tax basis.

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

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

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

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer/Division Spoooner School District D/P-202 E-8888 Employment Start Date \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Married  Unmarried

**Investment Option:** I direct Great-West Retirement Services® to invest my voluntary contribution in the default target date (lifecycle) investment option chosen by the Deferred Compensation Board that most closely corresponds with the year in which I will turn 65. I acknowledge that information about the default target date investment options and information about other WDC investment options, including prospectuses, disclosure documents and fund data sheets, have been made available to me. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value. I understand that I can change this default election at any time by logging on to my account at [www.wdc457.org](http://www.wdc457.org) or by calling (877) 457-WDCP (9327).<sup>1</sup> A personal identification number (PIN) that gives you access to your account via the website or phone will be mailed to you soon after your application is processed.<sup>2</sup>

**My Account:** I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies and errors. If I do not communicate a request for correction within 90 days from the date of the statement, account information shall be deemed accurate and acceptable to me.

**Beneficiary Designation:** I understand that I must choose a beneficiary of my account by filing a separate beneficiary designation form with Great-West Retirement Services. I can also submit my beneficiary designation online. Until a signed beneficiary designation form is received, the beneficiary will be determined in accordance with the terms of the WDC Plan and Trust Document (<http://www.fascore.com/PDF/wisconsin/planGuide.pdf>).

I understand that a deferral agreement must be entered into prior to the first day of the month that the deferral will be made. By signing this form, I acknowledge that I have previously received detailed information about the WDC Program and understand that my participation in the WDC must be in compliance with application requirements of the WDC Plan and Trust Document and the Internal Revenue Code. I understand that the Service Center is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Service Center 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 website at: <http://www.ustreas.gov/offices/eotffc/ofac>.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

***A personal identification number (PIN) that gives you access to your account on the Web or phone will be mailed to you soon after your application is processed.***

<sup>1</sup> Access to KeyTalk and the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades/maintenance or other reasons.

<sup>2</sup> The account owner is responsible for keeping the assigned PIN confidential. Please contact Great-West Retirement Services® immediately if you suspect any unauthorized use.

**Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers. GWFS Equities, Inc. is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.**

Age-based investment options are generally mutual funds or asset allocation models that are intended to invest in a manner appropriate for participants and beneficiaries within a particular age group, and options based on established target retirement dates generally invest their asset allocations more conservatively over time as the target date approaches. Typically, age-based options invest a larger percentage of their assets in equity securities for younger participants and gradually transfer those assets to fixed income securities as participants within an age group grow older. The date in a Target Date Fund represents an approximate date when an investor would expect to start withdrawing their money or when an investor expects to retire. The principal value of the funds is not guaranteed at any time, including the target date. Please see each option's prospectus or disclosure document for more information. Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California) and their subsidiaries and affiliates. Great-West Retirement Services® is a registered trademark of Great-West Life & Annuity Insurance Company. All rights reserved. Not intended for Plans whose situs is in New York. Form# CB1080QE\_SD (8/12) PT# 155110