

**OKLAHOMA COUNTY DEFINED CONTRIBUTION RETIREMENT PLAN
NEW ENROLLMENT PARTICIPATION ELECTION FORM**

Please Print: Effective Date: _____
 Social Security #: _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Age: _____ Marital Status: _____ Daytime Phone #: _____
 Hire Date: _____ Rehired: YES or NO If yes, previous employment dates: _____
 Department: _____ E-Mail Address: _____

INVESTMENT DIRECTION

*In the event the Trustee does not receive a proper direction for the election of an Investment Option, the Accounts of such Participant shall be invested in the default investment until the Trustee receives a proper direction which will be effective thereafter.

Method One

Method One	Style	Symbol	Percentage
Mellon Stable Value	Stable Value		%
Invesco Treasury Portfolio	Money Market	TRPXX	%
Vanguard Short-Term Treasury	Intermediate Bond	VFIRX	%
Pimco Total Return	Intermediate Bond	PTTDX	%
Vanguard GNMA	Intermediate Bond	VFIJX	%
Vanguard Total Bond Market Index	Bond Index	VBTLX	%
Templeton Global Bond Fund	Intermediate Bond	FBNRX	%
American Funds Grth Fund of Amer R6	Large Growth	RGAGX	%
Harbor Capital Appreciation	Large Growth	HNACX	%
Vanguard 500 Index	S & P Index	VFIAX	%
American Funds American Mutual R6	Large Value	RMFGX	%
Delaware Value R6	Large Value	DDZRX	%
Vanguard Mid-Cap Growth	Mid Cap Growth	VMGMX	%
Vanguard Mid-Cap Index	Mid Cap Blend	VIMAX	%
Vanguard Selected Value Fund	Mid Cap Index	VASVX	%
TIAA-CREF Instl Mid-Cap Value	Mid Cap Value	TIMVX	%
Hood River Small-Cap Growth Retire	Small Growth	HRSIX	%
Vanguard Small Cap Index	Small Cap Index	VSMAX	%
Northern Small-Cap Value	Small Blend	NOSGX	%
Invesco International Growth R6	International Growth	IGFRX	%
Artisan International	International Growth	APHIX	%
Harbor International Instl	International Value	HNINX	%
Dodge & Cox International Stock	International Value	DODFX	%

Method Two

Vanguard Target Retirement Income Inv	Balanced	VTINX	%
Vanguard Target Retirement 2015 Inv	Balanced	VTXVX	%
Vanguard Target Retirement 2025 Inv	Balanced	VTTVX	%
Vanguard Target Retirement 2035 Inv	Balanced	VTTHX	%
Vanguard Target Retirement 2045 Inv	Balanced	VTIVX	%
Vanguard Target Retirement 2055 Inv	Balanced	VFFVX	%
Dodge & Cox Balanced	Balanced	DODBX	%
			100%

Signature of Participant: _____

Date: _____

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Social Security #: _____

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary under the Plan:

Beneficiary Designation

Primary Beneficiary:

Name	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contingent Beneficiary:

Name	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me. If no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts to my Estate. I understand that this election form and/or beneficiary designation will remain in effect for the plan year and subsequent plan years until I provide the Employer with other instructions. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary reduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand the Plan Administrator will treat my failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

Signature of Participant: _____

Date: _____