
TRUSTEE

- Oklahoma County Retirement Board of Trustees

EFFECTIVE DATE

- Originally effective January 1, 2005. Restated January 1, 2006.

PLAN YEAR

- December 31

ELIGIBILITY

- You are eligible to participate in the Plan on the first day of the month following sixty (60) full days of service.

COMPENSATION

- With limited exceptions, generally all wages are included for contribution purposes. Overtime is excluded for deferral contribution purposes.

SALARY DEFERRAL CONTRIBUTION

- You can contribute up to 100% of your compensation (subject to other deductions from your pay), not to exceed the maximum calendar year dollar amount set by federal regulations.
- You can make Salary Deferral Contributions from accumulated sick pay, from accumulated vacation pay or from back pay.
- You have the option of making your Salary Deferral Contribution as either a traditional pre-tax contribution, a Roth (after-tax) contribution, or a combination of the two.

SALARY DEFERRAL CHANGES

- You can stop your salary deferral at any time. You can reinstate, increase or decrease your salary deferral percentage as of the next reasonable payroll period.

INVESTMENT OF FUNDS

- You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio. A complete description of the Plan's investment options, prospectuses and their performance, as well as planning tools to help you choose an appropriate mix, are available on the Start Right website at www.startright.bokf.com.
- If you do not make an investment election your account balances will be placed in investments selected by the Investment Fiduciary. You may change the investment directions for your future contributions or for your existing account balances at any time by contacting a Participant Services Representative at 800.876.9557 or go to Start Right Online at www.startright.bokf.com

SELF DIRECTED BROKERAGE ACCOUNT

- A Self Directed Brokerage Account Option ("SDBA") is also available. The Plan permits active participants who are 100% vested in Plan benefits to establish accounts with Pershing LLC pursuant to which investments of assets may be made. To utilize this option, an SDBA account can be established by completing and submitting a separate SDBA Agreement to the Custodian. In order to obtain an SDBA Application, please contact a Participant Service Representative at 800.876.9557. You will need to enroll in the Plan, selecting an investment option(s) from the Plan's core fund listing to invest your contributions. Once your SDBO account has been established, you will need to transfer these funds into your established SDBO account.

ALLOCATION DATES

- The Plan will be valued daily at which time contributions and net earnings will be allocated to your account. Your participant statement will be generated approximately 15 days after the quarterly valuation dates.

VESTING SCHEDULE

- You are immediately always 100% vested in your Salary Deferral Contribution Account and your Rollover Contribution Account.

UNFORESEEABLE EMERGENCY

- If you have an immediate financial need created by an unforeseeable emergency and you lack other reasonable resources to meet that need, you may be eligible to receive an unforeseeable emergency from your account.

DE MINIMIS EXCEPTION

- The Plan allows you to make a one-time election to receive a lump sum distribution from your entire account provided (i) your Account does not exceed \$5,000; (ii) you have not made or received an allocation of any deferral contributions under the Plan during the two-year period ending on the date of the distribution; and (iii) you have not received a prior Plan distribution under this de minimis exception.

DISTRIBUTION PROVISIONS

- A distribution will be paid as soon as administratively practicable following your request.
- Methods of payment - lump sum or installments
- Pre-tax or Roth Salary Deferral Account - available upon separation from service, attainment of age 70 ½, or upon an unforeseeable emergency.
- Rollover Contribution Account - available upon separation from service, attainment of age 70 ½, or upon an unforeseeable emergency.

GENERAL INFORMATION

The Enrollment Form should be completed to record your initial enrollment in the Plan and related investment elections.

If this is your initial enrollment in the Plan or you wish to change a current beneficiary designation, you should also complete a Beneficiary Designation Form. You may request a Beneficiary Designation Form from your Human Resources Department. You should consider changing your beneficiary designation upon the occurrence of any life events, such as your marriage, your divorce or the birth or death of your beneficiary.

If you wish to change the investment directions for your future contributions or for your existing account balance, you can make elections by contacting a Participant Services Representative at 800.876.9557 or by going through Start Right Online at www.startright.bokf.com and register for online access.

To record a change to your name, contact information, or to change your contribution elections, you will need to complete an Active Participant Change Form. This form may be obtained by contacting your Human Resources Department.

By completing the Enrollment Form, you are authorizing the Plan Administrator (or their designated representative) to implement your elections. You are solely responsible for the elections you have made. If your elections or investment directives are not implemented in accordance with your instructions, you are responsible for notifying the Human Resources Department within 30 days after you receive your first statement.

SECTION I: EMPLOYEE INFORMATION

Please provide basic information about yourself.

SECTION II: EMPLOYEE CONTRIBUTION ELECTION

You can elect to contribute up to 100% of your eligible compensation, not to exceed the maximum IRS calendar year dollar limit. If you have contributed the maximum dollar amount and if you are age 50 or older at any time during the calendar year, you can contribute an additional catch-up contribution. If you are a highly compensated employee, as defined in the Internal Revenue Service Code, your tax deferred contribution may need to be reduced or returned to you to enable the Plan to comply with current tax regulations.

If you are eligible to make catch up contributions and you do not wish to contribute the additional catch up contribution, you must check the box in Section II indicating that you do not wish to contribute any additional catch up contributions. If you do not check this box and you are eligible to make catch up contributions, you are making an election to include catch up contributions as part of your contribution election.

SECTION III: EMPLOYEE INVESTMENT ELECTIONS

Under the provisions of the Plan, you determine how your contributions are to be invested. **You do have the option of investing in any of the Core Investment Funds or the Target Retirement Funds; however, the total of all selected must equal 100%.**

(Please use black ink only.)

Please refer to the *Election Form Guidelines* for important information you will need to properly complete this form.

SECTION I: EMPLOYEE INFORMATION

Social Security No: _____ Employee ID No: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth Date: _____ Hire Date: _____ Rehire Date: _____ Marital Status: _____
 Phone Number: _____ Branch/Division: _____

SECTION II: EMPLOYEE CONTRIBUTION ELECTION

- I elect to have the following compensation contributed each pay period to my account under the above Plan.
 - A) Pre-tax \$ _____
 - B) Roth 401(k) \$ _____
- I do not wish to contribute any additional catch up contributions.
- I elect not to defer a portion of my compensation into the Plan at this time.

SECTION III: EMPLOYEE INVESTMENT ELECTION

I elect to invest my contributions among the Funds as follows:

<u>CORE INVESTMENT FUNDS</u>					
_____ %	ST	Invesco STIT Treasury-Inst	_____ %	LY	Vanguard Mid Cap Index Adm
_____ %	ML	BNYM Mellon Stable Value-M	_____ %	HR	Hood River S/C Growth-R
_____ %	VT	Vanguard S/T Treasury-Adm	_____ %	NO	Northern Small Cap Value
_____ %	3X	PIMCO Total Return I	_____ %	D8	Vanguard Small-Cap Index Adm
_____ %	RQ	Vanguard Total Bond Mkt - Adm	_____ %	IV	Invesco EQV Int'l Growth-R6
_____ %	T6	Vanguard GNMA - Adm	_____ %	AR	Artisan International-I
_____ %	G8	Vanguard Total Intl Bond Index	_____ %	BI	Brandes Int'l Equity-R6
_____ %	5N	Dodge & Cox Balanced-I	_____ %	4C	Dodge & Cox Intl Stock-I
_____ %	AM	American Funds Amer Mutual-R6			
_____ %	DV	Delaware Value-R6			
_____ %	6N	Dodge & Cox Stock-I			
_____ %	WZ	Growth Funds of America R6			
_____ %	K9	Harbor Capital Apprec-R			
_____ %	D4	Vanguard 500 Index-Adm			
_____ %	TC	TIAA-CREFF M/C Value-Inst			
_____ %	G2	Vanguard M/C Growth Index-Adm			
_____ %	J8	Vanguard Selected Value			

VANGUARD TARGET RETIRMENT FUNDS

_____ %	G1	Vanguard Target Rtmnt Inc-Inv
_____ %	GK	Vanguard Target Rtmnt 2025-Inv
_____ %	GM	Vanguard Target Rtmnt 2035-Inv
_____ %	GO	Vanguard Target Rtmnt 2045-Inv
_____ %	GQ	Vanguard Target Rtmnt 2055-Inv
_____ %	GS	Vanguard Target Rtmnt 2065-Inv

100% (THE TOTAL OF ALL FUNDS SELECTED MUST EQUAL 100%)

Participant's Signature _____ Date _____

Employer's Signature _____ Date _____

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

(Please use black ink only.)

CHECK THE SPACE THAT APPLIES:

- I hereby certify that I am not married and I understand that if I later marry, my spouse will receive my entire account balance upon my death unless after my marriage I sign a new Beneficiary Designation Form with my spouse's consent to designation of some other beneficiary(ies).
- I certify that I am married and that I am designating my spouse as sole Primary Beneficiary.
- I certify that I am married, that I am designating someone other than my spouse as Primary Beneficiary (in whole or in part) and that my spouse consents to such designation on the reverse of this form.
- I certify that I am married and that an authorized plan representative (whose certification is attached hereto) is satisfied that my spouse cannot be located.

If you designate more than one Primary or Contingent Beneficiary and you fail to designate a percentage share for each beneficiary, then upon your death, benefits will be divided equally among the beneficiaries listed.

I hereby designate the following beneficiaries to receive any benefits payable under the Plan upon my death. (Attach a separate sheet if additional space or special instructions are required).

PRIMARY BENEFICIARIES

Who shall share (while living) any benefits payable upon my death (to the exclusion of my contingent beneficiaries). If a Primary Beneficiary dies prior to receiving his or her entire share, such share (or remaining portion thereof) shall be payable proportionately to any surviving Primary Beneficiaries.

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

CONTINGENT BENEFICIARIES

Who shall share (while living) any remaining benefits in the event all my Primary Beneficiaries die before receiving all benefits payable upon my death. If a Contingent Beneficiary dies prior to receiving his or her entire share, such share (or remaining portion thereof) shall be payable proportionately to any surviving Contingent Beneficiary.

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

This designation revokes any prior designation and can be revoked at any time by providing a new completed Beneficiary Designation Form (with any spousal consent as may then be required) to the Plan Administrator.

Participant Name _____ Signature _____

SSN _____ Date _____

Witness* _____ Signature _____

***Your signature must be witnessed by someone who is not named herein as a beneficiary.**

Date Received by Plan Administrator _____

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

(Page 1 of 2)

SPOUSE'S CONSENT TO DESIGNATION OF OTHER PRIMARY BENEFICIARY

PARTICIPANT INFORMATION

Name: _____ SSN: _____

I hereby consent irrevocably to the above designation by my spouse of a primary beneficiary other than myself. I understand that the effect of this consent is to waive my right under the Plan to receive my spouse's entire account balance in the event of the death of my spouse.

Spouse's Signature _____ Date _____

Acknowledgment of Witness:

I hereby acknowledge that _____, to me known personally, appeared
(name of spouse)

before me on this _____ day of _____, _____, and subscribed his or her name immediately above and acknowledged to me that he or she did so as his or her free and voluntary act and deed for the uses and purposes set forth in this Beneficiary Designation Form.

Authorized Plan Representative

... OR ...

Notary Public for State of _____
County of _____

My Commission Expires:

(Affix Seal Here)

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

Oklahoma County 457 Plan
ACTIVE PARTICIPANT CHANGE FORM
NAME/DEFERRAL



(Please use black ink only.)

Name Change Salary Deferral Change Location Change Re-Enter

PARTICIPANT INFORMATION

Social Security No: _____ Employee ID No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Hire Date: _____ Rehire Date: _____ Marital Status: _____

Phone Number: _____ Branch/Division: _____

NAME CHANGE

Change name to _____ Previous name _____

If you wish to designate a new beneficiary, please request a Beneficiary Designation Form from the Human Resources Department.

You should consider changing your Beneficiary Designation upon the occurrence of any life changing event, such as a marriage, a divorce, a birth, or the death of your beneficiary.

SALARY DEFERRAL AGREEMENT

You can stop your salary deferral at any time. You can reinstate, increase or decrease your salary deferral percentage as of the next reasonable payroll period.

You can defer up to 100% of your compensation (subject to other deductions from your pay). **If you are eligible to make catch up contributions and you do not wish to contribute the additional catch up contribution, you must check the box indicating that you do not wish to contribute any additional catch up contributions. If you do not check this box and you are eligible to make catch up contributions, you are making an election to include catch up contributions as part of your contribution election. Please make your new salary deferral percentage election below:**

I elect to have the following compensation contributed each pay period to my account under the above Plan.

A) Pre-tax \$ _____

B) Roth 401(k) \$ _____

I do not wish to contribute any additional catch up contributions.

I elect not to defer a portion of my compensation into the Plan at this time.

Participant's Signature _____ Date _____

Employer's Signature _____ Date _____

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

Please complete this form to accompany your rollover contribution check. Failure to thoroughly complete this form may result in delays in processing your rollover contribution.

Please use black ink only.

PARTICIPANT INFORMATION

SSN: _____ Employee ID No: _____ Phone Number: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

ROLLOVER CONTRIBUTION CERTIFICATION

I hereby elect to pay or transfer a rollover contribution of the following assets to the Plan indicated at the top of this form. I certify and acknowledge that:

- This rollover contribution duly qualifies as a Rollover Contribution as described by the Internal Revenue Code;
- Once accepted by the Plan, this rollover contribution will be subject to the terms of the Plan;
- If this contribution is not a direct rollover from the prior provider, I received the distribution from my prior plan or IRA not more than 60 days before the date of this contribution to the Plan; and
- The amount to be rolled over does not include required minimum distribution amounts, hardship distributions or amounts that were part of a series of periodic payments.

Name of transferring plan or IRA: _____

Name of prior Plan Sponsor or IRA Custodian: _____

Type of transferring plan: _____ Rollover Check Amount: \$ _____

AFTER-TAX AND ROTH ROLLOVERS

Not all plans will accept the rollover of traditional after-tax or Roth funds. Contact the Plan Administrator of the Plan named above if it is your intention to rollover after-tax money. If after-tax funds are being rolled to this Plan and allowed by the Plan, check the appropriate box(es) below to confirm that the amount being rolled to this Plan include any after-tax funds. Documentation from the prior recordkeeper must be provided to confirm the after-tax cost basis and/or Roth Contribution Amount and Roth Start Date. **Your rollover contribution will not be processed without this documentation.**

Amount rolling to this Plan includes Roth money.

Date of first Roth Contribution: _____ Total Roth Contribution Amount: \$ _____

INVESTMENT DIRECTION

Rollover contributions will be invested according to your future investment elections in the Plan. If you have no investment elections on file, your entire rollover contribution will be invested in the default investment alternative designated by the Plan Administrator. Changes to your investment elections can be made at any time through the Start Right website (startright.bokf.com) or by contacting BOK Financial Participant Services at 800.876.9557. *Any subsequent changes to your investment elections on existing balances will also apply to your rollover account balances. If your contributions are not allocated in accordance with your instructions, you will be responsible for notifying the Plan Administrator within 30 days after you receive your first statement.*

SIGNATURE

Participant's Signature _____ Date _____

Plan Administrator Signature _____ Date _____

Rollover checks should be made payable to: **(receiving Plan's name at the top of this form) FBO (participant's name)**

The rollover check should be mailed directly to you and forwarded to: Attn: EB Client Services, P.O. Box 22131, Tulsa, Oklahoma 74121-2131.

Return this form and any required documentation to your Benefits & Retirement Department.

(Please use black ink only.)

SECTION I: EMPLOYEE INFORMATION

Social Security No: _____ Employee ID No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Hire Date: _____ Termination Date: _____ Marital Status: _____

Phone Number: _____ Branch/Division: _____

SECTION II: REASON FOR DISTRIBUTION

Termination Disability Normal Retirement Age (age 62)

SECTION III: DISTRIBUTION OPTIONS

I hereby request a distribution of my vested benefit under the above Plan and I elect to receive my benefit in the following form of payment.

Except for limited exceptions, I understand the IRS may impose a 10% penalty tax on my benefit if it is distributed before I attain age 55 or older.

- Lump sum payment (elect this option to cash out the account)
- Installments \$ _____ Monthly \$ _____ Quarterly \$ _____ Annually
\$ _____ from my Roth account balance \$ _____ from my non-Roth account balance
- Rollover into IRA or other Qualified Plan in accordance with the rollover instructions in Section V.
- I elect to postpone the distribution of benefits until a later date. I will notify you when I wish to receive my distribution.

SECTION IV: WITHHOLDING INFORMATION

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com. You may want to check with a qualified tax advisor before making your elections. Please complete the following:

- Pay the entire distribution directly to me (subject to the applicable federal and state income tax withholding). State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.
_____ Withhold state tax. _____ Do not withhold state tax.
- Pay the distribution in accordance with the rollover election instructions below. (Complete Section V)

SECTION V: ROLLOVER ELECTION

Please read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com and complete the following:

- Transfer the entire amount eligible for rollover directly to my IRA or other qualified plan. **If you have reached age 70-1/2 (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949), the required minimum amount will be distributed to you prior to the rollover. The amount will be calculated based on the Uniform Life Table which assumes your spouse is not more than ten years younger than you unless you notify us otherwise.** Complete all sections below.
- Pay the following dollar amount to me \$ _____ (subject to the applicable withholding) and transfer the balance directly to my IRA or qualified plan as indicated in Section VI below. If your account balance includes Roth 401(k) contributions (and earnings thereon), please indicate how you wish the payment to you to be distributed.
\$ _____ from my Roth account balance \$ _____ from my non-Roth account balance

Benefits Application/Rollover Election Form

SECTION VI: TRANSFER INSTRUCTIONS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR OTHER QUALIFIED PLAN

Please note that Roth 401(k) contributions (and earnings thereon) may only be rolled over to a Roth IRA account or to another qualified plan that will accept rollovers of Roth 401(k) monies. You may, however, roll your pre-tax plan account balance to a Roth IRA provided you include the taxable portion of the conversion amount in your gross income for the year in which the rollover conversion occurs. Please refer to the explanation provided in the "Special Tax Notice Regarding Plan Payments" and consult qualified tax counsel for additional information.

- ▶ **Pre-tax (non-Roth) fund rollover instructions:** I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

Mail Check To: Participant Plan Administrator New IRA or Qualified Plan **Type of IRA:** Traditional Roth

- ▶ **Roth (after-tax) fund rollover instructions:** I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

Mail Check To: Participant Plan Administrator New IRA or Qualified Plan **Type of IRA:** Traditional Roth

SECTION VII: METHOD OF PAYMENT

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

Based on your vested balance, please select the option in which you would like to receive your distribution. If choosing distribution via direct deposit or wire, please print legibly and make sure the information provided below has been verified by your financial institution. *(In the event that there is any uncertainty about your method of payment election, the Bank will issue your payment by check.)*

- Check (This is the default option for all participants.)

Mail check to: Participant New IRA or Qualified Plan

- Direct Deposit

Submit the Direct Deposit Authorization (ACH Transfer) form with this Application for Benefits.

Direct Deposit/ACH is not available for rollover distributions. If you elect to rollover your balance in the prior section, a check will be issued for rollover distributions unless you provide wire instructions below.

- Wire

If you have a vested balance of \$25,000 or more, you may choose to have the wire proceeds sent directly to the new Trustee, Custodian, or if not a rollover election, to your personal bank account. If you qualify for this option, please provide the following information (All information must be provided.) Receiving Financial Institution must be a US Entity.

Financial Institution Name _____ Routing # _____

Account Name _____ Account # _____

For further credit _____ Account # _____

SECTION VIII: SELF DIRECTED BROKERAGE ACCOUNT

Do you have a Self-Directed Account? No Yes

(If "Yes", complete the Distribution Instructions for Self-Directed Brokerage Account Form.)

Benefits Application/Rollover Election Form

SECTION IX: PARTICIPANT AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I have read the **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I have also read and understand the County's 457 Plan policies. I assert that I have terminated my employment with Oklahoma County effective _____; that I have no intention of renewing employment with Oklahoma County; that I fully and willingly assume any and all liabilities for such disbursement, including but not limited to any tax consequences; and that I waive any and all right(s) to legal action regarding this issue against Oklahoma County, the Oklahoma County Retirement Board of Trustees, BOK Financial and its affiliated companies, and/or its members personally or individually. I understand that I am executing this Authorization, Release and Acknowledgement voluntarily and of my own free will.

Participant's Signature _____ Date _____

Plan Administrator Authorization – This section must be completed by the Oklahoma County Benefits and Retirement Department's Office authorizing payment of plan benefits.

Vesting Percentage: _____% Date Received by Oklahoma County _____

Employer's Signature _____ Date _____

RETURN THIS COMPLETED FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

**Oklahoma County Benefits & Retirement Department
320 Robert S. Kerr Avenue, Room 220
Oklahoma City, OK 73102**

APPLICATION FOR BENEFITS

QUALIFIED DOMESTIC RELATIONS ORDER

(Please use black ink only.)

SECTION I: ALTERNATE PAYEE INFORMATION

Name: _____ SSN: _____

Phone: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

SECTION II: DISTRIBUTION OPTIONS

I hereby request a distribution of benefits under the Oklahoma County 457 Plan in accordance with the terms of the Qualified Domestic Relations Order. I elect to receive my benefit in the following form of payment:

- Lump sum cash payment (elect this option to cash out the account)
- Installments \$ _____ Monthly \$ _____ Quarterly \$ _____ Annually
\$ _____ from my Roth 401(k) account balance \$ _____ from my non-Roth 401(k) account balance

⇒ This distribution will be subject to the 20% federal tax and applicable state income tax withholding. If you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.

____ Withhold state tax. ____ Do not withhold state tax.

- Rollover into IRA or other Qualified Plan in accordance with the rollover instructions in Section III through V.

SECTION III: ROLLOVER ELECTION

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com. You may want to check with a qualified tax advisor before making your election. Please complete the following:

- Transfer the entire amount eligible for rollover directly to my IRA or other qualified plan. Complete all sections below.
- Pay the following dollar amount to me \$ _____ (subject to the applicable withholding) and transfer the balance directly to my IRA or qualified plan as indicated in Section IV below.
\$ _____ from my Roth account balance \$ _____ from my non-Roth account balance

SECTION IV: TRANSFER INSTRUCTIONS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR OTHER QUALIFIED PLAN

Please note that Roth 401(k) contributions (and earnings thereon) may only be rolled over to a Roth IRA account or to another qualified plan that will accept rollovers of Roth 401(k) monies. You may, however, roll your pre-tax plan account balance to a Roth IRA provided you include the taxable portion of the conversion amount in your gross income for the year in which the rollover conversion occurs. Please refer to the explanation provided in the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com and consult qualified tax counsel for additional information.

- ▶ **Pre-tax (non-Roth) fund rollover instructions:** I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

Mail Check To: Participant Plan Administrator New IRA or Qualified Plan **Type of IRA:** Traditional Roth

- ▶ **Roth (after-tax) fund rollover instructions:** I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

Mail Check To: Participant Plan Administrator New IRA or Qualified Plan **Type of IRA:** Traditional Roth

Application for Benefits - Qualified Domestic Relations Order

SECTION V: PAYMENT DELIVERY

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

Mail check to:

- To me at the address provided in Section I.
- To the new IRA or Qualified Plan listed in Section IV.

SECTION VI: ALTERNATE PAYEE'S AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I have read the **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I fully and willingly assume any and all liabilities for such disbursement, including but not limited to any tax consequences; and I waive any and all right(s) to legal action regarding this issue against Oklahoma County, the Oklahoma County Retirement Board of Trustees, BOK Financial and its affiliated companies, and/or its members personally or individually. I understand that I am executing this Authorization, Release and Acknowledgement voluntarily and of my own free will.

Alternate Payee's Signature _____ Date _____

Plan Administrator Authorization – This section must be completed by the Oklahoma County Benefits and Retirement Department's Office authorizing payment of plan benefits.

Participant's Vesting Percentage: _____% Date Received by Oklahoma County _____

Employer's Signature _____ Date _____

RETURN THIS COMPLETED FORM ALONG WITH THE QUALIFIED DOMESTIC RELATION ORDER TO THE BENEFITS & RETIREMENT DEPARTMENT.

**Oklahoma County Benefits & Retirement Department
320 Robert S. Kerr Avenue, Room 220
Oklahoma City, OK 73102**

REQUEST FOR INSERVICE WITHDRAWAL**UNFORESEEABLE EMERGENCY WITHDRAWAL INFORMATION****UNFORESEEABLE EMERGENCY INFORMATION & REQUIREMENTS**

An unforeseeable emergency distribution is a distribution of funds from your 457 account due to a severe financial need. Four circumstances are deemed by the IRS to constitute a severe financial need:

- Illness, accident or medical expenses of the participant, the participant's beneficiary, or the beneficiary's spouse or dependent.
- Property loss caused by casualty (for example, damage from a natural disaster not covered by homeowner's insurance) of the participant or the beneficiary.
- Funeral expenses of the participant, beneficiary, or dependent.
- Imminent foreclosure of or eviction from the participant's primary place of residence.

Other requirements particular to unforeseeable emergency distributions are:

- The amount of the unforeseeable emergency distribution cannot exceed the amount of the immediate and heavy financial need.
- Unforeseeable emergency distributions can only be made from employee contributions and cannot be made from earnings on those contributions.
- You are not required to resume salary reductions, and may submit a Salary Deferral Change Form at any time to stop further deferrals.

Particular requirements and examples of supporting documentation for each of the categories are listed below.

1. Medical expenses for the employee, spouse, dependents or beneficiary.

REQUIREMENTS:

Expenses must not be covered by insurance. If the participant is not the recipient of the medical care, documentation showing the relationship must be provided (e.g. copy of federal tax return; marriage certificate)

SUPPORTING DOCUMENTATION:

- Medical bill dated within the last 3 months showing the amount due
- Explanation of benefits from your insurance company dated with 3 months
- Notice from collection agency dated within 3 months
- Estimate of treatment costs from your doctor dated within 3 months

2. Repair of damage to the employee's principal residence

REQUIREMENTS:

Expenses must be for the repair of damage caused by an event that is sudden or unexpected. (Home improvements do not qualify)

SUPPORTING DOCUMENTATION:

- Contractor's estimate or bill showing the cause of damage and cost of repair and dated within last 3 months
- Explanation of insurance benefits showing any repairs not covered by insurance

3. Burial or funeral expenses for the employee's parent, spouse, dependents or beneficiary

SUPPORTING DOCUMENTATION:

- Documentation demonstrating the relationship must be provided (e.g. copy of death certificate; copy of federal tax return, copy of participant birth certificate)
- Statement from the funeral home showing the related costs and services
- Statement from cemetery for burial costs

4. Payments necessary to prevent eviction from or foreclosure related to the employee's primary residence

REQUIREMENTS:

The eviction date or date for payment must not have passed

SUPPORTING DOCUMENTATION:

- Eviction notice showing the monthly rental amount and amount necessary to prevent eviction
- Notice of delinquency showing the amount of past due rent
- Foreclosure notice from the mortgage company showing the amount that is past due
- Notice from the mortgage company showing the amount past due in mortgage payments and payment deadline to avoid foreclosure
- Court order indicating foreclosure and an amount that is necessary to prevent foreclosure and payment deadline date

(Please use black ink only.)

PARTICIPANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ SSN: _____

Birth Date: _____ Marital Status: _____ Branch/Division: _____

I. WITHDRAWAL TYPE

[] UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST

Alternative Option Confirmation

1. Will suspending your current elective deferrals to your 403b or 457 accounts alleviate your unforeseeable emergency? Yes No
2. Are there distributions available to you under the Plan or any other plans maintained by your employer that will alleviate the unforeseeable emergency? Yes No
3. Can you receive reimbursement from insurance or other sources to pay these expenses? Yes No
4. Can you secure a commercial loan to pay these expenses? Yes No
5. Can you liquidate assets to pay these expenses? Yes No
6. Are you eligible to take a loan from any 457 account or any other retirement plans offered by your employer? Yes No

If yes to Item 6, you must take any eligible loans before requesting an Unforeseeable Emergency Distribution unless doing so would result in an additional financial hardship. If this is the case, please explain below how taking out a loan would present an additional hardship.

Hardship Circumstances

As permitted by the Oklahoma County 457 Plan, I elect to withdraw the following portion of my Account under the Plan because of an unforeseeable emergency for the reason checked: Please refer to the Unforeseeable Emergency Information and Requirements Notice.

- Medical care expenses previously incurred by the employee, the employee's spouse, any dependents of the employee, or the employee's primary beneficiary under the 457 plan, necessary for these persons to obtain medical care and not otherwise covered by insurance payments (you must provide supporting documentation, e.g. doctor's certification, hospital bills, explanation of benefits by insurance company).
- Certain expenses relating to the repair of damage to the employee's principal residence. Expense MUST qualify as a casualty loss under Code Section 165. The amount can be determined without regard to whether the loss exceeds 10% of adjusted gross income (you must provide supporting documentation, e.g. proof of loss, contractor's estimates, insurance adjuster's estimates).
- Payment of funeral expenses for the employee's spouse, dependent, or primary beneficiary under the 457 plan (you must provide supporting documentation certifying relationship and applicable expenses, e.g. death certificate, from funeral home bill).
- Payment necessary to prevent eviction of the employee from the employee's principal residence or foreclosure of the mortgage on that residence (you must provide supporting documentation, e.g. bank's foreclosure notice and notices must be notarized).
- Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the employee.

Reason for request: _____

I understand my election is irrevocable and the Trustee of the Plan will hold the portion of my Account which I am not withdrawing until I otherwise would receive a distribution of my account under the Plan, generally upon my termination of employment.

AMOUNT NEEDED FOR EMERGENCY \$ _____

\$ _____ from my Roth 401(k) account balance \$ _____ from my non-Roth account balance

Request for In-service Withdrawal Form

[] WITHDRAWALS UPON ATTAINMENT OF AGE 70 ½

The Plan allows you to withdraw funds from your Account balance upon attainment of age 70 ½.

- I have attained age 70-1/2 and wish to withdraw the following amount:
 - The maximum amount available to me.
 - \$_____ Indicate your withdrawal amount
\$_____ from my Roth 401(k) account balance \$_____ from my non-Roth account balance

[] DE MINIMIS EXEPTION

The Plan allows you to make a one-time election to receive a lump sum distribution of your entire Account provided (i) your Account does not exceed \$5,000; (ii) you have not made or received an allocation of any deferral contributions under the Plan during the two-year period ending on the date of the distribution; and (iii) you have not received a prior Plan distribution under this de minimis exception.

- I wish to withdraw a lump sum distribution of my entire Account balance (not to exceed \$5,000).

[] SELF DIRECTED BROKERAGE ACCOUNT

Do you have a Self-Directed Brokerage Account? No Yes
(If "Yes", complete the Distribution Instructions for Self-Directed Brokerage Account Form.)

SECTION II: PARTICIPANT AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I have read the **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I fully and willingly assume any and all liabilities for such disbursement, including but not limited to any tax consequences; and I waive any and all right(s) to legal action regarding this issue against Oklahoma County, the Oklahoma County Retirement Board of Trustees, BOK Financial and its affiliated companies, and/or its members personally or individually. I understand that I am executing this Authorization, Release and Acknowledgement voluntarily and of my own free will.

Participant's Signature _____ Date _____

Plan Administrator Authorization – This section must be completed by the Oklahoma County Benefits and Retirement Department's Office authorizing payment of plan benefits.

Vesting Percentage: _____% Date Received by Oklahoma County _____

Employer's Signature _____ Date _____

RETURN THIS COMPLETED FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

**Oklahoma County Benefits & Retirement Department
320 Robert S. Kerr Avenue, Room 220
Oklahoma City, OK 73102**

**SURVIVING SPOUSE/BENEFICIARY
APPLICATION FOR DEATH BENEFITS**

(Please use black ink only.)

SECTION I: PARTICIPANT INFORMATION

Social Security No: _____ Employee ID No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Birth Date: _____ Hire Date: _____ Date of Death: _____

Phone Number: _____ Branch/Division: _____

SECTION II: BENEFICIARY INFORMATION

Beneficiary's Name: _____ Relationship: _____

SSN: _____ Birth Date: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

A COPY OF THE DEATH CERTIFICATE AND THE BENEFICIARY DESIGNATION FORM MUST BE ATTACHED TO THIS APPLICATION.

SECTION III: BENEFICIARY ELECTION AND WITHHOLDING INFORMATION

Please read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com and complete the following: I hereby make the following election relative to the death benefit under the above Plan.

- I elect to postpone the distribution of benefits until a later date.
- Pay the distribution in accordance with the rollover instructions in Sections IV through VI. Non-spouse beneficiaries may only rollover directly to an inherited IRA. For an inherited IRA, the beneficiary should title the inherited IRA in the name of decedent, for the benefit of the beneficiary.
- Lump sum cash distribution

Federal income tax will be withheld from the taxable portion of your payment at the required rate of 20%. State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.

_____ Withhold state tax. _____ Do not withhold state tax.

SECTION IV: ROLLOVER ELECTION

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com. You may want to check with a qualified tax advisor before making your election. Please complete the following:

- Transfer the entire amount eligible for rollover directly to my IRA or other qualified plan. Complete all sections below.
- Pay the following dollar amount to me \$ _____ (subject to the applicable withholding) and transfer the balance directly to my IRA or qualified plan as indicated in Section V below.
- \$ _____ from my Roth account balance \$ _____ from my non-Roth account balance

SECTION V: TRANSFER INSTRUCTIONS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR OTHER QUALIFIED PLAN

Please note that Roth 401(k) contributions (and earnings thereon) may only be rolled over to a Roth IRA account or to another qualified plan that will accept rollovers of Roth 401(k) monies. You may, however, roll your pre-tax plan account balance to a Roth IRA provided you include the taxable portion of the conversion amount in your gross income for the year in which the rollover conversion occurs. Please refer to the explanation provided in the "Special Tax Notice Regarding Plan Payments" and consult qualified tax counsel for additional information.

Application for Death Benefits

▶ **Pre-tax (non-Roth) fund rollover instructions:** I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

▶ **Mail Check To:** Participant Plan Administrator New IRA or Qualified Plan ▶ **Type of IRA:** Traditional Roth

▶ **Roth (after-tax) fund rollover instructions:** I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

▶ **Mail Check To:** Participant Plan Administrator New IRA or Qualified Plan ▶ **Type of IRA:** Traditional Roth

SECTION VI: PAYMENT DELIVERY

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

Mail check to:

- To me at the address provided in Section II.
- To the new IRA or Qualified Plan listed in Section V.

SECTION VII: PARTICIPANT AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I have read the attached **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I fully and willingly assume any and all liabilities for such disbursement, including but not limited to any tax consequences; and I waive any and all right(s) to legal action regarding this issue against Oklahoma County, the Oklahoma County Retirement Board of Trustees, BOK Financial and its affiliated companies, and/or its members personally or individually. I understand that I am executing this Authorization, Release and Acknowledgement voluntarily and of my own free will.

Beneficiary's Signature _____ Date _____

Plan Administrator Authorization – This section must be completed by the Oklahoma County Benefits & Retirement Department's Office authorizing payment of plan benefits.

Vesting Percentage: 100% Date Received by Oklahoma County _____

Employer's Signature _____ Date _____

RETURN THIS FORM ALONG WITH DEATH CERTIFICATION AND BENEFICIARY DESIGNATION FORM TO THE BENEFITS & RETIREMENT DEPARTMENT.

**Oklahoma County Benefits & Retirement Department
320 Robert S. Kerr Avenue, Room 220
Oklahoma City, OK 73102**

REQUIRED MINIMUM DISTRIBUTION FORM/CHANGE FORM

Use this form only to request your initial Required Minimum Distribution (RMD) or to make a change with BOK Financial. All future RMD's will be automatically distributed from the Plan no later than December 15 each following year.

MINIMUM DISTRIBUTION GUIDELINES

Code §401(a)(9) of the Internal Revenue Code requires qualified plans, 457 plans, and IRAs to commence distributions to you after you attain age 70-1/2 (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949) and have separated from service with the County. After the first RMD, minimum amounts based on life expectancy and account balance must be distributed annually.

If this is your first RMD, you may take your minimum distribution during the year you attain 70-1/2 (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949) or you may defer this distribution to no later than April 1 of the following year. If you elect to defer your first distribution to April 1 of the calendar year following the calendar year in which you turn 70-1/2 (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949), or separated from service (if you are not a 5% owner), you will be required to take two payments that year: one by April 1 following the year in which you turned 70-1/2 (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949) or separated from service and one by December 31 of that same year. You must take a minimum distribution by December 31 of every calendar year thereafter.

An RMD from a qualified plan cannot be satisfied by taking it from an IRA or another qualified plan.

Your RMD amount will be calculated based on the IRS published Uniform Lifetime Table (ULT). The ULT assumes that either 1) your primary beneficiary is not your spouse, or 2) your primary beneficiary is your spouse, but your spouse is not more than 10 years younger than you. If your spouse is more than 10 years younger than you, your RMD may be calculated using the Joint Life Expectancy Table which will result in a lower RMD amount. Unless you notify us otherwise, we will use the ULT to calculate your RMD amount. The RMD amount is calculated by dividing your account balance as of December 31 of the prior year by the life expectancy factor in the Uniform Life Table based on your age in the year of distribution.

Automatic Annual RMD Distributions: Unless you take a complete distribution from the Plan, **your RMD will be automatically distributed each year from the Plan no later than December 15.** If you wish to make any changes to your tax withholding for next year, request a complete distribution from the Plan, or change your direct deposit instructions, please contact Participant Services at 800.876.9557 and request a new RMD Form.

It is your responsibility to comply with the RMD rules. **The IRS imposes a 50% excise tax on the underpayment for failure to take an RMD on a timely basis.** If your address changes, it is imperative that you notify Participant Services at 800.876.9557 immediately.

Your RMD is subject to a 10% federal income tax withholding rate unless you elect not to have withholding apply, or you elect a higher withholding rate. **The withholding election you make on the attached form will be used for all future RMD payments, unless you notify us in writing of a future withholding change.** Some states also require state income tax be withheld from a plan distribution regardless of an election to not withhold state taxes

There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may want to refer to IRS Publication 505, Tax Withholding and Estimated Tax, which is available from the IRS website or most IRS offices. You should also consult with your tax advisor.

If you wish to take any distribution other than your RMD, please call Participant Services at 800.876.9557 to request the appropriate forms. The IRS requires your RMD be satisfied prior to a rollover to an IRA or another qualified plan. The RMD is not eligible to rollover.

If you have any questions regarding your distribution options, please contact Participant Services at 800.876.9557.



OMNI # 910270 DISTR/RMD

(Please use black ink only.)

SECTION I: PARTICIPANT INFORMATION

Name: _____ SSN: _____
Phone Number: _____ Birth Date: _____ Hire Date: _____
Date of Termination: _____ Are you or have you ever been a 5% owner? No Yes

SECTION II: FIRST YEAR OR CHANGE TO PRIOR YEAR RMD ELECTIONS

- This is my first year RMD. Please complete Sections I through VII below.
 - Changes to my prior year RMD information and/or elections. Please check the appropriate box below.
 - I elect to change my payment option elections. Please complete Section III.
 - I elect to change my beneficiary information. Please complete Section IV. Please note, beneficiary information is for calculation purposes only. **This space is for calculation purposes only and does not constitute a beneficiary designation. To designate or modify your beneficiaries, please follow the procedures set by your Plan Administrator.**
 - I elect to change my income tax withholding elections. Please complete Section V.
 - I elect to change the method of payment of my required distribution. Please complete Section VI.
 - I elect to make changes to my contact information. Please complete the information below. Please note, to update the address on your account, or if any information in Section I changes, you will need to contact your (prior) employer or Participant Services at 800.876.9557.
- New Name: _____ New Phone Number: _____

SECTION III: RMD DISTRIBUTION ONLY - PAYMENT OPTIONS

Your Required Minimum Distribution will be set up as a recurring annual payment distributed from the Plan no later than December 15 on an annual basis.

- Required Minimum Distribution only.
% _____ from Roth balance % _____ from non-Roth balance
The distribution will be made from your non-Roth account balance if you do not make an election or if you do not have a Roth 401(k) balance.
- Postpone Required Minimum Distribution **to no later than April 1 of the following year (first year RMD only)**. If you do not provide further instructions prior to March 1 of the following applicable year, we will automatically distribute your required distribution at applicable withholding rates no later than April 1.

Alternative Payment Option: You also have the option of taking your required minimum distribution and any other account balance you are entitled to under the terms of the Plan in the form of a lump sum or installments. If you would like to select this, please contact a Participant Services Representative at 800-876-9557 or go to Start Right Online at www.startright.bokf.com to request an Application of Benefits Form.

SECTION IV: BENEFICIARY INFORMATION

If your spouse is your sole beneficiary and is more than 10 years younger than you are, we will calculate your RMD using the Joint Life Expectancy Table. Please complete the following information:

Marital Status: Married Unmarried
Spouse is more than 10 years younger No Yes Spouse's Birth Date: _____
Sole Beneficiary: _____ Relationship: _____

Note: This space is for calculation purposes only and does not constitute a beneficiary designation. To designate or modify your beneficiaries, please follow the procedures set by your Plan Administrator.

Required Minimum Distribution Form

SECTION V: INCOME TAX WITHHOLDING

Withholding election for Required Minimum Distribution payment (this election applies to this and all future RMDs).

- 10% (If you do not make an election, 10% in federal taxes will be withheld from your distribution).
- Federal withholding: _____%
- Do not withhold federal income tax.

State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election below.

- Applicable state income tax (If you do not make an election, applicable state taxes will be withheld from your distribution).
- State withholding: _____%
- Do not withhold state income tax.

SECTION VI: METHOD OF PAYMENT

Your RMD will be processed as soon as administratively possible after your form has been received by BOK Financial ("BOKF").

Please select the option in which you would like to receive your RMD distribution. If choosing a distribution via direct deposit or wire, please print legibly and make sure the information provided below has been verified by your financial institution. *(In the event that there is any uncertainty about your method of payment election, BOKF will issue your payment by check.)*

Check (This is the default option for all participants.)

Direct Deposit

Submit the Direct Deposit Authorization (ACH Transfer) form with this Form.

Wire

If your RMD is \$25,000 or more, you may choose to have the wire proceeds sent directly to your personal bank account. If you qualify for this option, please provide the following information (All information must be provided.) Receiving Financial Institution must be a U.S. Entity.

Financial Institution Name: _____ Routing # _____

Account Name _____ Account # _____

For further credit _____ Account # _____

SECTION VII: PLEASE SIGN BELOW

The information on this form applies to this and all future year RMD distributions.

PARTICIPANT'S SIGNATURE _____ Date _____

SIGN AND FORWARD THIS FORM TO:

**BOK Financial
Client Plan Services
P.O. Box 22131
Tulsa, OK 74121-2131**

**Fax: Attn: Client Plan Services
918.280.4198**

DIRECT DEPOSIT AUTHORIZATION (ACH TRANSFER)

IMPORTANT: In an effort to avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within **24 hours** of attempting to contact you, a check will be issued as the default payment method.

INSTRUCTIONS FOR DIRECT DEPOSIT INTO BANK ACCOUNT

PARTICIPANT'S NAME: _____ SSN: _____

NAME OF FINANCIAL INSTITUTION: _____

BRANCH / ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

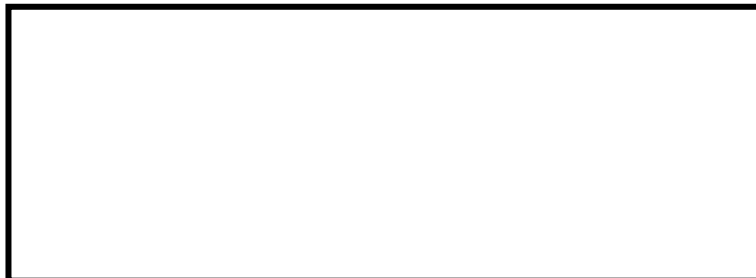
BANK PHONE: (____) _____ TYPE OF ACCOUNT Checking Savings

ABA / ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Please call your bank for verification)

A VOIDED CHECK (checking account) OR DEPOSIT SLIP (savings account) MUST BE ATTACHED.
The following preprinted information must be included: participant's (or alternate payee's) name and address.
PLEASE NOTE that if this information is not received, then a check will be issued.



AUTHORIZATION

I hereby authorize payment using an automatic transfer by ACH to my account named above. The name on the check must match the participant's (or alternate payee's) signature. **NOTE: This option is not available for rollover distributions.**

SIGNATURE

DATE

DISTRIBUTION INSTRUCTIONS FOR SELF-DIRECTED BROKERAGE ACCOUNT

(Please use black ink only.)

PARTICIPANT INFORMATION

Social Security No: _____ Employee ID No: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth Date: _____ Hire Date: _____ Rehire Date: _____ Marital Status: _____
 Phone Number: _____ Branch/Division: _____
 Participant's Self-Directed Account Number: _____

INSTRUCTIONS FOR SELF-DIRECTED BROKERAGE ACCOUNTS

Liquidation - All assets will need to be liquidated in the Self-Directed Account in order for cash to be distributed per instructions on the Application for Benefits Form. If you have designated a Financial Advisor for the Self-Directed Account, please contact your Financial Advisor to liquidate the account.

OR

In-Kind Transfer - Please include transfer instructions and information below.

▶ **Pre-tax (non-Roth) sources rollover instructions:**

Type of IRA: Traditional OR Roth

Name of new Trustee or Custodian where funds will be held: _____

IRA/Qualified Plan Account Number: _____

Mailing Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

DTC Number (For SDO In-kind Transfers): _____

▶ **Roth 401(k) (after-tax) source rollover instructions:**

Name of new Trustee or Custodian where funds will be held: _____

IRA/Qualified Plan Account Number: _____

Mailing Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

DTC Number (For SDO In-kind Transfers): _____

PARTICIPANT'S SIGNATURE

DATE

NOTICE TO PARTICIPANTS OF DISTRIBUTION ELECTION

You are entitled to a distribution under the above Plan. We have enclosed a distribution package with this notice. This notice explains your election rights under the Plan. The following information is important to these election rights.

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com.

MINIMUM NOTICE PERIOD. For at least 30 days after you receive this notice, you have the right to consider your decision whether to consent to a distribution of your Vested Account Balance and whether to elect a direct rollover of any portion of your eligible rollover distribution. If you sign and return the Application for Benefits/Rollover Election Form less than 30 days after you receive this notice, the receipt of your signed form is your affirmative waiver of any unexpired portion of the minimum 30-day period and your affirmative election of a distribution or a direct rollover.

DISTRIBUTION CHARGE. Your account will not be charged directly for the expenses associated with processing your distribution.

1. Forms included with this notice. We have provided you the following forms:

Application for Benefits/Rollover Election Form. Use this form to elect payment of your benefits or to postpone the distribution (see the explanation of your benefit options in sections II and III) or if you wish to transfer all or any portion of your distribution directly to an IRA or other qualified plan.

Direct Deposit Authorization (ACH Transfer) Form. Use this form to authorize payment of your benefits using an ACH transfer into your bank account. Please note: To avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within 24 hours of attempting to contact you, a check will be issued as the default payment method.

2. Benefit payment options. The Plan permits you to elect distribution in the following forms:

- Direct rollover
- Lump sum payment
- Installments

You also may elect one form of payment for one part of your Vested Account Balance and another form of payment for another part of your Vested Account Balance. For example, you may elect direct rollover for part of your Vested Account Balance and a lump sum payment or installments for the other part. See the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com for rules on splitting your distribution.

If you are less than 100% vested in your Account Balance, and you elect distribution before you have incurred five consecutive breaks in service, you may elect a lump sum payment or direct rollover of your Vested Account Balance, known under the Plan as a "cash-out distribution." A cash-out distribution results in the forfeiture of the nonvested portion of your Account Balance. Your election of a cash-out distribution is a consent to this forfeiture. If you return to employment with the Employer before your fifth consecutive break in service, the Plan provides you a 5-year period during which you may repay the entire amount of your cash-out distribution and restore your forfeited nonvested Account Balance.

3. Postponement of Distribution. You do not have to commence distribution if you have not attained normal retirement age under the Plan (or age 62, if later). If you do not wish to commence distribution at this time, you must make the election to postpone on the Application for Benefits Form. This form allows you to elect a delayed distribution date. Under a postponement election, your Vested Account Balance will be subject to adjustment for investment earnings, gains or losses. Because of the investment performance of the trust fund (or of your individual account investment if you direct your own investments), the amount the Custodian ultimately pays you at your postponed distribution date could be more or less than the value of your Vested Account Balance described in your last participant statement.

If you elect to receive your Plan distribution rather than postpone the distribution, you will be subject to immediate federal, state (if applicable), and the 10% premature distribution taxation (unless you are 55 or older or qualify for an exception) and you will lose the opportunity to accumulate earnings on your retirement account on a tax-deferred basis (tax-free for Roth contributions) for retirement unless you roll over the distribution to an IRA or other retirement plan.

This means that by taking the distribution now, you could end up with a much lower retirement income than if you leave the assets in the plan to build (tax-deferred or tax-free) for your retirement. This could be the result even if you invest (instead of spend) the amount of your distribution that you have left after payment of taxes.

4. Financial Effect of Distribution Options. A direct rollover means the Plan pays the distribution amount directly to another plan or to an IRA. See the “Special Tax Notice Regarding Plan Payments”. A lump sum payment means you receive a single payment of the distribution amount. Under an installment distribution the Plan makes periodic payments of your Vested Account Balance over a specified period of time. You may elect to take the installment distributions directly from the trust. If you elect installment payments directly from the Plan, your Vested Account Balance will be subject to gain or loss in the same manner as other trust fund assets, unless the Plan Administrator directs the Custodian to segregate your Vested Account Balance in fixed income investments. If the Custodian invests your account in the same manner as other trust fund assets, because of the investment performance of the trust fund (or, if you direct your own investments in accordance with the Plan, because of the performance of your individual investments), the total amount the Custodian ultimately pays you could be more or less than the value of your Vested Account Balance as of the proposed distribution date or as of the date of the termination of your employment with the Employer. If you elect an installment distribution, you also must complete a Beneficiary Designation form. If you are married, your spouse must consent to the beneficiary designation unless your spouse is the only designated beneficiary.

5. Consequences of failing to defer your distribution. Your decision whether to take your distribution now or to defer receipt of your distribution has tax implications to you.

Loss of pre-tax growth. If you take the distribution now (and do not roll over the distribution): (1) you must include the distribution in your gross income for the year of the distribution, except to the extent you have “basis” (after-tax dollars) in your account; and (2) you lose the opportunity to defer taxation on any earnings on your account balance and to earn additional pre-tax earnings on the earnings themselves (referred to as compounding of pre-tax earnings). The longer you delay the distribution, the longer the period you have to accumulate more earnings in your account.

Tax benefits for Roth deferrals. If your distribution includes Roth deferrals, you take the distribution now (and do not roll over the distribution), and you currently are not entitled to a qualified distribution of the Roth deferrals, you will be taxable on the earnings from the Roth deferrals. In contrast, if you defer receipt of your distribution at least until you attain age 59½ and until after the passage of five taxable years since you began making Roth deferrals to the Plan, the earnings on the Roth deferrals will be distributed to you tax-free.

Potential 10% additional tax. If you currently are under age 55 and you receive your distribution, the taxable portion of the distribution will be subject to a 10% penalty tax in addition to any federal income tax, unless an exception applies. Deferring the distribution until you attain age 55 or older avoids this 10% penalty. See the “Special Tax Notice Regarding Plan Payments” available on Start Right Online at www.startright.bokf.com for a further explanation of the tax consequences of your distribution alternatives.

Rollover benefits. If you roll over the distribution (either by a direct rollover or by receiving the distribution and rolling over the distribution within 60 days of receipt), you can continue to receive the benefits of retirement plan growth, as is more fully explained in the “Special Tax Notice Regarding Plan Payments”.

Potential investments and fees. Some investment choices under the Plan may not be generally available on similar terms outside the Plan. Fees and expenses (including administrative or investment-related fees) outside the Plan may be different from fees and expenses that apply to your Plan account. Please contact the Plan Administrator to obtain additional information on (1) the general availability outside the Plan of the Plan’s currently available investment options or (2) the fees and expenses which apply to your account.

6. Further information. If you have any question regarding the information provided in this notice or any form included with your distribution package, please contact the Plan Administrator of the Plan.