



Suffolk County Public Employees Deferred Compensation Plan Enrollment Form

Participant Information

Name	Social Security Number
Street Address	Daytime Phone Number
City, State, ZIP Code	Date of Birth
Employment Date	Email Address

Participant Election

Election to Participate

I hereby elect to contribute to the Plan. I have received written information on the Plan, and I understand the general requirements, including the salary deferral contribution (pretax) election. I understand that this Plan is not a savings plan but a deferral of compensation until retirement AND that access to the money contributed is allowed under only **very** limited circumstances prior to separation from service. The Board may permit an “unforeseeable emergency” withdrawal if the Internal Revenue Service (IRS) requirements are met and a severe financial hardship occurs as a result of events beyond my control. I understand that I must elect the amount of the salary deferral to be contributed to the Plan, and I understand that my total pretax salary deferrals may not exceed current IRS limits. I further understand that this election will automatically apply to all future salary adjustments unless I amend the election.

Deferral Amount

Amount to be deferred biweekly:

\$_____ (whole dollars only; minimum of \$10 biweekly)

OR _____% (whole percentages only; from 1% to 100%*)

I understand that this amount will continue to be deferred until I make a change.

** Please account for mandatory deductions. All deductions (FICA, union dues, etc.) will be taken before salary deferrals.*

Investment Allocation

Please choose where to invest your contributions. Elections must be in whole percentages, and the **total on this page must equal 100%**.

Age-based investment: If you want a portfolio that automatically adjusts over time, consider investing in an age-based target date investment.

TRP Retirement Balanced Trust, F	_____ %	TRP Retirement 2025 Trust, F	_____ %	TRP Retirement 2050 Trust, F	_____ %
TRP Retirement 2005 Trust, F	_____ %	TRP Retirement 2030 Trust, F	_____ %	TRP Retirement 2055 Trust, F	_____ %
TRP Retirement 2010 Trust, F	_____ %	TRP Retirement 2035 Trust, F	_____ %	TRP Retirement 2060 Trust, F	_____ %
TRP Retirement 2015 Trust, F	_____ %	TRP Retirement 2040 Trust, F	_____ %		
TRP Retirement 2020 Trust, F	_____ %	TRP Retirement 2045 Trust, F	_____ %		

Build-your-own portfolio: Decide how much money you want to invest in each investment category, and then choose your own diversified mix of investment choices.

STOCKS

Allianz GI Technology Fund, Inst'l.	_____ %	Franklin Small-Mid Cap Growth Fund, R6	_____ %	TRP Int'l. Small-Cap Equity Trust, D	_____ %
American Beacon Small Cap Value Fund, Inst'l.	_____ %	Invesco Comstock Value Fund, R6	_____ %	TRP Japan Fund	_____ %
American Century Balanced Fund, Inst'l.	_____ %	Invesco Oppenheimer Developing Mkts. Fund, R6	_____ %	TRP Latin America Fund	_____ %
American Century Equity Income Fund, R6	_____ %	JPMorgan Large Cap Growth Fund, R6	_____ %	TRP New America Growth Fund	_____ %
American Century Heritage Fund, R6	_____ %	Neuberger Berman Genesis Fund, R6	_____ %	TRP New Asia Fund	_____ %
American Funds EuroPacific Growth Fund, R6	_____ %	TRP Africa & Middle East Fund	_____ %	TRP New Era Fund	_____ %
American Funds Growth Fund of America, R6	_____ %	TRP Balanced Fund	_____ %	TRP New Horizons Trust, D	_____ %
American Funds New Perspective Fund, R6	_____ %	TRP Blue Chip Growth Trust, T1	_____ %	TRP Overseas Stock Fund	_____ %
AMG Mgrs. Fairpointe Mid Cap Fund, I	_____ %	TRP Capital Appreciation Trust, A	_____ %	TRP Real Estate Fund	_____ %
BNY Mellon Mid Cap Index Fund	_____ %	TRP Communications & Technology Fund	_____ %	TRP Science & Technology Fund	_____ %
BNY Mellon Small Cap Stock Index Fund	_____ %	TRP Dividend Growth Fund	_____ %	TRP Spectrum Growth Fund	_____ %
Dodge & Cox Int'l. Stock Fund	_____ %	TRP Emerging Europe Fund	_____ %	TRP Spectrum Int'l. Fund	_____ %
Fidelity Advisor Diversified Int'l. Fund, Inst'l.	_____ %	TRP Emerging Markets Stock Fund	_____ %	TRP U.S. Mid-Cap Growth Equity Trust, D	_____ %
Fidelity Advisor Health Care Fund, I	_____ %	TRP Equity Income Trust, A	_____ %	TRP U.S. Small-Cap Value Equity Trust, D	_____ %
Franklin Natural Resources Fund, Adv.	_____ %	TRP European Stock Fund	_____ %	TRP U.S. Value Equity Trust, D	_____ %
		TRP Financial Services Fund	_____ %	Vanguard Institutional Index Fund, Inst'l.	_____ %
		TRP Global Technology Fund	_____ %	Virtus Ceredex Mid Cap Value Equity Fund, I	_____ %
		TRP Health Sciences Fund	_____ %		
		TRP Int'l. Growth Equity Trust, D	_____ %		

BONDS

American Century Gov't. Bond Fund, R5	_____ %	PIMCO Total Return Fund, Inst'l.	_____ %	TRP International Bond Fund	_____ %
American Century Inflation Adj. Bond Fund, R5	_____ %	TRP Bond Trust I, T5	_____ %	TRP Short-Term Bond Fund	_____ %
Franklin Strategic Income Fund, R6	_____ %	TRP Emerging Markets Bond Fund	_____ %	TRP Spectrum Income Fund	_____ %
		TRP GNMA Fund	_____ %	TRP U.S. Treasury Long-Term Fund	_____ %
		TRP High Yield Fund	_____ %		

STABLE VALUE

TRP Stable Value Common Trust Fund	_____ %
------------------------------------	---------

TRP = T. Rowe Price

I agree that neither the Suffolk County Public Employees Deferred Compensation Board and its members; the Suffolk County Public Employees Deferred Compensation Plan Administrator; the County; the trustee; and T. Rowe Price Group, Inc., its affiliates, nor its funds will be liable for any loss when acting upon instructions believed to be genuine.

I agree to be bound by the terms of the prospectus for each fund I have selected as an investment option. Fund prospectuses can be obtained upon request, are available at **troweprice.com**, and will be sent to me when I purchase shares of a fund.

Beneficiary Designation

Participant Name: _____ Social Security Number: _____

Present Marital Status Single Married Domestic Partner

I, the undersigned, hereby elect that, upon my death, the following person(s) shall be my primary (below) and secondary (next page) beneficiary(ies) under the Plan.

PRIMARY BENEFICIARY(IES)

Last Name First Name M.I.

Last Name First Name M.I.

Social Security Number

Social Security Number

Street Address

Street Address

City State ZIP Code

City State ZIP Code

Birth Date Relationship

Birth Date Relationship

Percent %

Percent %

If you name more than one primary beneficiary, your account will be divided equally among the primary beneficiaries who survive you unless you specify otherwise.

Check here if you have more than two primary beneficiaries and have used space on the "Additional Beneficiaries" page.

Your "Primary Beneficiary(ies)" listed above and on the "Additional Beneficiaries" page, if used, **must add up to 100%**.

SECONDARY BENEFICIARY(IES)

Last Name First Name M.I.

Last Name First Name M.I.

Social Security Number

Social Security Number

Street Address

Street Address

City State ZIP Code

City State ZIP Code

Birth Date Relationship

Birth Date Relationship

Percent %

Percent %

If you name more than one secondary beneficiary, your account will be divided equally among the secondary beneficiaries who survive you unless you specify otherwise.

Check here if you have more than two secondary beneficiaries and have used space on the "Additional Beneficiaries" page.

Your "Secondary Beneficiary(ies)" listed above and on the "Additional Beneficiaries" page, if used, **must add up to 100%**.

Reminder

To enroll in the Suffolk County Deferred Compensation Plan, all pages of this form must be completed and returned to T. Rowe Price for processing at:

T. Rowe Price Retirement Plan Services, Inc.
Special Attention: Forms Enclosed
P.O. Box 17215
Baltimore, MD 21297-1215

Signature

Date

Participant's Signature

Additional Beneficiaries

Suffolk County Public Employees Deferred Compensation Plan

ADDITIONAL PRIMARY BENEFICIARY(IES)

Last Name First Name M.I.

Social Security Number

Street Address

City State ZIP Code

Birth Date Relationship

Percent %

Last Name First Name M.I.

Social Security Number

Street Address

City State ZIP Code

Birth Date Relationship

Percent %

ADDITIONAL SECONDARY BENEFICIARY(IES)

Last Name First Name M.I.

Social Security Number

Street Address

City State ZIP Code

Birth Date Relationship

Percent %

Last Name First Name M.I.

Social Security Number

Street Address

City State ZIP Code

Birth Date Relationship

Percent %