

**The Deputy Sheriffs' Association and Senior Deputy Sheriffs'  
Association Annuity Fund**  
517544-00000

**ENROLLMENT FORM**

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PortfolioXpress®:** You can subscribe to PortfolioXpress®, enroll online only instead of using this form.

PortfolioXpress® is a one-step investment service that uses the core funds in your plan to provide an automatic investment strategy that changes over time.

**1. EMPLOYEE INFORMATION (PLEASE PRINT)**

Married       Not Married

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**ROLLOVER**

Please contact me using the information above to help me consolidate another retirement plan (401(k), 403(b), IRA, etc.) into my Transamerica Retirement Solutions account.

**2. INVESTMENT MIX**

Please invest my **future** plan contributions as indicated.

**OPTION A: TARGET DATE SERIES**

The Target Date Series investment choices are designed for you to allocate 100% of your contribution to the one investment choice that most closely matches your projected retirement date. These investment options are diversified and structured to grow more conservative as the investment option's target date approaches.

Select only one.

If you selected Option A, sign and date in Section 3, otherwise, proceed to Option B.

TARGET DATE FUND NAME:	SELECT ONE:
CBRI BlackRock Lifepath Index Retirement CIT (Class: N/A)	<input type="checkbox"/> 100%
CB25 BlackRock Lifepath Index 2025 CIT (Class: N/A)	<input type="checkbox"/> 100%
CB30 BlackRock Lifepath Index 2030 CIT (Class: N/A)	<input type="checkbox"/> 100%
CB35 BlackRock Lifepath Index 2035 CIT (Class: N/A)	<input type="checkbox"/> 100%
CB40 BlackRock Lifepath Index 2040 CIT (Class: N/A)	<input type="checkbox"/> 100%
CB45 BlackRock Lifepath Index 2045 CIT (Class: N/A)	<input type="checkbox"/> 100%
CB50 BlackRock Lifepath Index 2050 CIT (Class: N/A)	<input type="checkbox"/> 100%
CB55 BlackRock Lifepath Index 2055 CIT (Class: N/A)	<input type="checkbox"/> 100%
CB60 BlackRock Lifepath Index 2060 CIT (Class: N/A)	<input type="checkbox"/> 100%

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**OPTION B: CREATE YOUR OWN INVESTMENT PORTFOLIO**

If you prefer to create your own investment portfolio, just select from the following available investment choices. All elections must be in whole percentages and total 100%. If you elect to join the plan and fail to make an investment election, or your elections do not equal 100%, your contribution will be invested in *PortfolioXpress*®.

ASSET CLASS	SUB ASSET CLASS	INVESTMENT CHOICE	% OF CONTRIBUTION
<b>SHORT BONDS/STABLE/MMKT</b>			
	STABLE VALUE	Q1QV Transamerica Stable Value Core Account (Class: N/A)	_____ .0%
<b>INTERM./LONG-TERM BOND</b>			
	INTERMEDIATE-TERM BONDS	Y4TQ Lord Abbett Total Return R4 (Class: R-4)	_____ .0%
	GOVERNMENT BONDS	TP47 Transamerica Bond R6 (Class: R-6)	_____ .0%
		N664 PIMCO Real Return Instl (Class: Inst)	_____ .0%
<b>AGGRESSIVE BONDS</b>			
	HIGH YIELD BONDS	Y3FK Lord Abbett High Yield R4 (Class: R-4)	_____ .0%
	WORLD/FOREIGN BONDS	Z915 Invesco International Bond R6 (Class: R-6)	_____ .0%
<b>LARGE-CAP STOCKS</b>			
	LARGE-CAP VALUE STOCKS	S794 Invesco Diversified Dividend R5 (Class: R-5)	_____ .0%
	LARGE-CAP BLEND STOCKS	TP54 Transamerica Large Cap Value R6 (Class: R-6)	_____ .0%
	LARGE-CAP GROWTH STOCKS	VDI4 Vanguard 500 Index Adm (Class: Admiral)	_____ .0%
		Y2YY Franklin Growth R6 (Class: R-6)	_____ .0%
<b>SMALL/MID-CAP STOCKS</b>			
	MID-CAP VALUE STOCKS	VD46 Vanguard Mid-Cap Value Index Admiral (Class: Admiral)	_____ .0%
	MID-CAP BLEND STOCKS	VIMA Vanguard Mid Cap Index Adm (Class: Adm)	_____ .0%
	MID-CAP GROWTH STOCKS	S919 Hartford Midcap R5 (Class: R-5)	_____ .0%
	SMALL-CAP VALUE STOCKS	Y04U Nuveen Small Cap Value I (Class: Inst)	_____ .0%
	SMALL-CAP BLEND STOCKS	Y2SV State Street Russell Small Cap Index NL Class S (Class: N/A)	_____ .0%
	SMALL-CAP GROWTH STOCKS	S959 Janus Henderson Triton T (Class: T)	_____ .0%
	REAL ESTATE	Z959 Principal Real Estate Securities Inst (Class: Inst)	_____ .0%
<b>INTERNATIONAL STOCKS</b>			
	WORLD/FOREIGN STOCKS	S806 Ivy International Core Equity Y (Class: Y)	_____ .0%
	EMERGING MARKET STOCKS	Z756 Invesco International Diversified Y (Class: Y)	_____ .0%
		Z405 American Funds New World R6 (Class: R-6)	_____ .0%
<b>MULTI-ASSET/OTHER</b>			
	BALANCED	TP55 Transamerica Multi-Managed Balanced R6 (Class: R-6)	_____ .0%
	TARGET DATE INVESTMENT CHOICES	CBRI BlackRock Lifepath Index Retirement CIT (Class: N/A)	_____ .0%
		CB25 BlackRock Lifepath Index 2025 CIT (Class: N/A)	_____ .0%
		CB30 BlackRock Lifepath Index 2030 CIT (Class: N/A)	_____ .0%
		CB35 BlackRock Lifepath Index 2035 CIT (Class: N/A)	_____ .0%
		CB40 BlackRock Lifepath Index 2040 CIT (Class: N/A)	_____ .0%
		CB45 BlackRock Lifepath Index 2045 CIT (Class: N/A)	_____ .0%
		CB50 BlackRock Lifepath Index 2050 CIT (Class: N/A)	_____ .0%
		CB55 BlackRock Lifepath Index 2055 CIT (Class: N/A)	_____ .0%
		CB60 BlackRock Lifepath Index 2060 CIT (Class: N/A)	_____ .0%

**Total for all investment choices must equal 100%: 100.0%**

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**3. AUTHORIZATION AND SIGNATURE**

I agree that neither NYC Deputy Sheriff's Association, the plan trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine. Notification of a discrepancy must be received within four weeks of first contribution, otherwise we will assume you are in accordance with said elections.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SUBMIT SIGNED FORM TO YOUR PLAN ADMINISTRATOR**

**FOR PLAN ADMINISTRATOR USE ONLY:**

Plan Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PLAN ADMINISTRATOR USE ONLY:**

Transamerica, 4333 Edgewood Road NE, Mail Drop 0001  
Cedar Rapids, IA 52499  
Fax#: 866-846-2236

**SOCIAL SECURITY NO.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You may name anyone you wish as your beneficiary. However, **if you are married and you name someone other than your spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete the Spousal Consent section.** If your spouse does not complete the Spousal Consent section, your beneficiary will be your spouse, even if you designate a different beneficiary on this form. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designation current.

**Submit this completed form to your plan administrator.**

**Beneficiary Designation**

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the plan. Benefits will be paid to my primary beneficiary(ies), if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

Percentages must be whole percentages and total 100% for Primary Beneficiary(ies), **AND** Percentages below must be whole percentages and total 100% for Contingent (Secondary) Beneficiary(ies), if any.

**Primary Plan Beneficiary(ies) - Will receive benefits in the event of your death.**

BENEFICIARY NAME(S) AND ADDRESS(ES)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TOTAL OF BENEFITS (100.0%)
				_____0%
				_____0%
				_____0%
				_____0%

**Contingent Plan Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death.**

BENEFICIARY NAME(S) AND ADDRESS(ES)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TOTAL OF BENEFITS (100.0%)
				_____0%
				_____0%
				_____0%
				_____0%

**NOTE: If you do not designate a percentage for your primary beneficiaries, the benefit will be equally divided among your primary beneficiaries who survive you. If no primary beneficiary survives you and you do not designate a percentage for your contingent beneficiaries, the benefit will be equally divided among your contingent beneficiaries who survive you. If no beneficiary survives you, benefits will be paid as provided under the plan.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed at (City and State): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (Please print): \_\_\_\_\_

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**Spousal Consent - This section must be completed if your spouse is not designated (100%) as Primary Beneficiary.**

I, spouse of \_\_\_\_\_, hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

If the plan includes joint and survivor provisions, by signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the plan benefits payable to a beneficiary other than myself.

**Spouse Name (Please Print):** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notary Public or Plan Representative Signature Required:**

Subscribed and sworn to me before this: \_\_\_\_\_ day of: \_\_\_\_\_

Signature: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_