



**Participant Enrollment
401(a) Plan**

Virginia Supplemental Retirement Plan

650275

Participant Information

Social Security Number _____

Employee Number (if applicable / mandatory for state CIPPS agencies) _____

E-Mail Address

Mo Day Year

Female

Male

Date of Birth

Married

Unmarried

Last Name _____ First Name _____ MI _____

Address – Number & Street _____

City _____ State _____ Zip Code _____

() _____

Home Phone

Work Phone

Payroll Information

Annual Salary \$ _____

Date of Hire: _____
Mo Day Year

Agency Name _____

Agency Number _____

Investment Option Information

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

If I want to change the allocation percent, I will call 1-VRS-DC-PLAN1 (1-877-327-5261) and process the change on the Interactive Voice Response (IVR) unit or by speaking with a Participant Service Representative, or visit the Web site at www.varetire.org and select the Defined Contribution Plans tab. **Note: You may not allocate more than 95% of your contributions to the VRSIP Interim Account.**

Investment Option

Tier 1 — Asset Allocation Funds

- | | |
|---------|--------------------------|
| _____ % | 10 Income & Growth Fund |
| _____ % | 11 Balanced Growth Fund |
| _____ % | 12 Long Term Growth Fund |
| _____ % | IA VRSIP Interim Account |

Tier 2 — Passively Managed Funds

- | | |
|---------|-----------------------------------------------------------|
| _____ % | 13 Bond Index Fund |
| _____ % | 14 S & P 500 Index Fund |
| _____ % | 15 Russell 1000 Value Index Fund |
| _____ % | 16 Russell 1000 Growth Index Fund ⁽¹⁾ |
| _____ % | 17 Russell 3000 Index Fund |
| _____ % | 18 Small/Mid Cap Equity Index Fund |
| _____ % | 19 International Equity Index Fund |
| _____ % | 20 Real Estate Investment Trust Index Fund ⁽¹⁾ |

(1) Transfer restrictions apply. For more information, please refer to the Fund Fact sheets.

(investment options continue on next page)



Tier 3 — Actively Managed Funds

(1) Transfer restrictions apply. For more information, please refer to the Fund Fact sheets.

_____ %	21 Money Market Fund ⁽¹⁾
_____ %	22 Active Inflation-Protected Bond Fund ⁽¹⁾
_____ %	23 Active Bond Fund
_____ %	24 Active High Yield Bond Fund
_____ %	25 Active Global Equity Fund
_____ %	26 Stable Value Fund ⁽¹⁾
=100%	MUST INDICATE WHOLE PERCENTAGES

Participation Agreement

About Your Optional Retirement Plan — Your Optional Retirement Plan is a tax-qualified retirement Plan. If you elect to participate in this Plan, your employer will contribute to your Plan account a certain percentage of your creditable compensation while you are employed in an eligible position. The current contribution rate is 10.4%. Your retirement benefit is your account balance. Your Plan is designed to provide you with a retirement benefit, not pre-retirement savings. You cannot take a retirement distribution until you terminate employment. The Board of Trustees of the Virginia Retirement System (“VRS”) can amend the Plan at any time. The Virginia General Assembly can terminate the Plan at any time. For more information, you should carefully read the Plan Document, which is located on the Web site at www.varetire.org under Defined Contribution Plans.

Changes to This Request — If you need to cross out any information, you MUST initial the change to validate the change or the request may be returned for verification.

Withdrawal Restrictions — Because the Plan is designed to help you save for your retirement, federal tax law imposes certain withdrawal restrictions. Hardship withdrawals or loans are not available from your 401(a) Plan.

This Form is a Legally Binding Contract — This form, together with the Plan and Trust (and any documents incorporated by reference into the Plan or Trust), constitutes the entire contract among you and your employer and any Plan officials. A representative of the Service Provider cannot change any contract or agreement, including this agreement.

By signing and submitting this Participant Enrollment form for processing, you are requesting to have investment options established under the Plan specified in the Investment Option Information section of this form. Such account is subject to the terms of the contracts issued and the Plan Document. You may view the Plan and Trust at www.varetire.org by clicking on Defined Contribution Plans, then Supplemental Retirement Plan.

Investment Choices — You choose how to invest your Plan account contributions, except that you must choose investment option(s) approved by the Plan Administrator. If and when the Plans stop making investments with a provider, the Plan Administrator shall invest money in the appropriately new fund.

All payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and upon redemption, shares may be worth more or less than their original cost. For additional information regarding investment options, please refer to your communication materials or visit the Plan Web site at www.varetire.org, then click the Defined Contribution Plans tab.

Investment Changes — All contributions will be invested as indicated on the front page of this form. You may make investment changes, according to Plan policies and procedures, by visiting the Web site at www.varetire.org and selecting Defined Contribution Plans. You may also call 1-VRS-DC-PLAN1 (1-877-327-5261).

Beneficiary Designation — If at the time of your death no valid beneficiary designation is on file with the Service Provider, your beneficiary designation shall be deemed to be: your surviving spouse, or if none, your children and descendants of your deceased children, per stirpes, or if none, your parents equally if both living, or if none, the duly appointed executor or administrator of your estate, or if none, the next of kin entitled to inherit under the laws of your domicile at the time of your death. To designate a beneficiary or beneficiaries, please complete a Beneficiary Designation form or use the Web site at www.varetire.org under Defined Contribution Plans.

Compliance With Internal Revenue Code (the “Code”) — You agree that your employer can take any action that may be necessary to ensure that your participation in the Plan is in compliance with any applicable requirement of the Code.

Your Employer and Plan Administrator Are Not Responsible for Losses — You acknowledge that your employer and the Plan Administrator are not responsible for any loss you suffer that arises out of your contributions or your participation in the Plan.

Necessary Documents — You should carefully read the current Fund Fact sheets for each of the investment funds before you decide to direct your investments. You can obtain Fund Fact sheets by calling 1-VRS-DC-PLAN1 (1-877-327-5261) or by visiting the Web site at www.varetire.org and selecting the Defined Contribution Plans tab. You alone are responsible for your Plan account investment decisions. You acknowledge that investment option information, including prospectuses, disclosure documents and Fund Fact sheets, have been made available to you and you understand the risks of investing.

Plan Charges — In addition to any fees, charges, and expenses under the Plan investment options, your Plan account will be charged on a periodic basis for Plan administration fees and expenses. Currently, this charge on an annual basis is approximately 0.19% (0.0019) of your combined Plans account balance, capped at a combined balance of \$130,000.00.

Incomplete Forms — In the event your Participant Enrollment form is incomplete or is not received by the Service Provider at the address below prior to the receipt of any deposits, the Service Provider will retain all monies received and allocate them to the Balanced Growth Fund, which is the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on your behalf, you must call a Participant Service Representative or access the Web site in order to transfer monies from the default investment option. Also, all contributions received after an account is established on your behalf will be applied to the investment options you have most recently selected.

Account Corrections — It is your obligation to timely review all confirmations and quarterly statements for discrepancies or errors. You will immediately report any discrepancies or errors to ING by calling a Participant Service Representative at 1-VRS-DC-PLAN1 (1-877-327-5261).

Last Name

First Name

MI

Social Security Number

Required Signatures

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that the Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

Participant Signature

Date

Send Original to the Service Provider at: ING Plan Administration
Attn: Virginia Retirement Systems
P.O. Box 5159
Boston, MA 02206-5159

Phone #: 1-VRS-DC-PLAN1 (1-877-327-5261)

Fax #: 1-888-998-8954

Web site: www.varetire.org