



## The Texa\$aver 401(k) Plan

# Enrolling in the Texa\$aver 401(k) Plan

### 1 Enrolling in the Texa\$aver 401(k) Plan

*If you are a part-time or full-time state employee, you are eligible to enroll in the Texa\$aver 401(k) Plan at any time.*

- a. If you have a Texa\$aver Personal Identification Number (PIN), you can enroll online:
  - Go to [www.texasaver.com](http://www.texasaver.com).
  - Enter your Social Security Number and PIN on the home page.
  - Select **Texa\$aver 401(k) Plan** under My Retirement Plans.
  - Select **Contributions** under My Account.
  - Select **Change Contributions**. Choose a percentage of your pay you want to contribute to the 401(k), and confirm your election by clicking next and then submit.
  - Select **Manage Investments** followed by **Change Elections** to choose your investment elections totaling 100%. To confirm your elections and complete the enrollment process, click next and submit.
- b. If you do not have a Texa\$aver PIN or you wish to enroll by phone, you may call Texa\$aver at (800) 634-5091, option 3 and follow the prompts to complete your enrollment. Representatives are available Monday through Friday, 8 a.m. to 7 p.m. CST, except on New York Stock Exchange holidays. Hearing impaired employees can contact Texa\$aver Information Line through the special TDD toll-free number (877) 606-4790.
- c. Once you have enrolled, a confirmation will be mailed to your address of record. Please make sure your address is current with your agency benefits coordinator or ERS OnLine.
- d. Your payroll deferral will be effective after the next full month's pay period.
- e. You may make changes to your contribution amount or investment election(s) at any time on the website or by calling (800) 634-5091 with your PIN. Deferral changes must be completed before 3 p.m. CST on the last business day of the month. All deferral changes will be effective after the next full month's pay period. A confirmation statement will be mailed to your address of record.

### 2 Other Considerations

- a. Before you enroll, you may want to decide what percentage of your pay to contribute and what investment option(s) to allocate to your 401(k) Plan.
- b. Investment Advice is available for all Texa\$aver participants by calling (800) 634-5091, option 5.
- c. You may defer from 1% to 99% of your eligible pay, not to exceed the annual maximum deferral limit set by the IRS.
- d. You may enroll in the 401(k) Plan if you are also enrolled in a 457 Plan, and you may defer the maximum amount to both plans.
- e. If you are age 50 or over, you may defer additional contributions set by the IRS. This is called the "Catch-Up Contribution."
- f. Save your Texa\$aver PIN in a secure location for future use.



# TexaSaver Enrollment Form

### TexaSaver Plan Participant Information

Name (First, Middle, Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency Number \_\_\_\_\_

### Plan & Deferral Election

**Note:** Your annual deferral cannot exceed the lesser of 100% of your eligible compensation or \$16,500 per plan for the 2009 calendar year. State employees may enroll in both the 401(k) and 457 Plans. The 401(k) Plan is not available to higher education employees. Payroll deferrals will be effective after the next full month's pay period.

**TexaSaver 401(k) Plan Election**  
 I elect to participate in the 401(k) Plan.  
 I authorize my employer to defer \_\_\_\_\_% of my salary each month. (Minimum 1%, whole % only.)

**TexaSaver 457 Plan Election**  
 I elect to participate in the 457 Plan. I authorize my employer to defer \$\_\_\_\_\_ of my salary each month. (This amount must be at least \$20, whole \$ only.)

### Investment Allocation Election

**TexaSaver offers you three ways to invest:** Choose the Target Date Fund that matches your retirement date, build your portfolio from 11 core funds, or set up a Personal Choice Retirement Account (PCRA)

Wells Fargo Advantage Dow Jones Target Date Funds <sup>SM</sup>	401(k) Plan*	457 Plan*
(1A) Target Today Fund (WOTDX)	_____%	_____%
(1B) Target 2010 Fund (WFAOX)	_____%	_____%
(1C) Target 2015 Fund (WFSCX)	_____%	_____%
(1D) Target 2020 Fund (WFOBX)	_____%	_____%
(1E) Target 2025 Fund (WFTYX)	_____%	_____%
(1F) Target 2030 Fund (WFOOX)	_____%	_____%
(1G) Target 2035 Fund (WFQRX)	_____%	_____%
(1H) Target 2040 Fund (WFOSX)	_____%	_____%
(1I) Target 2045 Fund (WFQPX)	_____%	_____%
(1J) Target 2050 Fund (WFQFX)	_____%	_____%
<b>Core TexaSaver Funds</b>		
(10) Fidelity Retirement Money Market Fund (FRTXX)	_____%	_____%
(15) ING Stable Value Account	_____%	_____%
(20) Fidelity U. S. Bond Index Fund (FBIDX)	_____%	_____%
(30) Vanguard Wellington Fund (VWENX)	_____%	_____%
(35) Davis New York Venture Fund (NYVTX)	_____%	_____%
(40) Vanguard Institutional Index Fund Institutional Plus Shares (VINIX)	_____%	_____%
(45) Vanguard Growth Index Fund Institutional Shares (VIGIX)	_____%	_____%
(50) First Eagle Fund of America (FEAFX)	_____%	_____%
(32) Munder Mid-Cap Core Growth Fund (MYOGX)	_____%	_____%
(65) Lord Abbett Small Cap Value Fund (LRSYX)	_____%	_____%
(55) Fidelity Diversified International Fund (FDIVX)	_____%	_____%
<b>Self-Directed Brokerage Account</b>		
(70) Schwab Personal Choice Retirement Account® (PCRA)	_____%	_____%
<b>TOTAL: * whole percentages totaling 100%</b>	<b>100%</b>	<b>100%</b>

*It is recommended that you read the prospectus for the funds in which you are investing to understand the potential risks associated with these investments.*

**Authorization** I understand and agree to the terms of the TexaSaver Program.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

ING  
 Attn: State of Texas  
 P.O. Box 55223  
 Boston, MA  
 02205-5223

**Questions? Call**  
 (800) 634-5091  
 weekdays from  
 8 a.m. to 7 p.m. CST.



# The Texa\$aver 401(k) and 457 Program

## Texa\$aver Beneficiary Form

Please check the appropriate box for the plan to designate beneficiary(ies).

Texa\$aver 401(k) Plan

Texa\$aver 457 Plan

Both Plans

Social Security Number

Name (First, Middle, Last)

Date of Birth

Address

Home Phone Number

City

State

Zip

Work Phone Number

Agency Name

Agency Number

I hereby designate the following person(s) as my beneficiary(ies) to receive any benefit that may become due at or after my death according to the terms of the Plan. I reserve the right to change this designation with the understanding that this designation, and any change thereof, will be effective only upon delivery to CitiStreet. The benefit will be paid to my primary beneficiary or beneficiaries, if living. Benefits will be paid to my secondary beneficiary only if none of my primary beneficiaries are living. (It is recommended that you select a beneficiary age 18 or older.) If you need more space or would like to add a secondary beneficiary, please attach a separate sheet.

### A. Primary Beneficiary — Please designate some person, persons or class of persons (such as surviving children).

**1.** \_\_\_\_\_  
 Name of Beneficiary Relationship % Payable Date of Birth Social Security Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

**2.** \_\_\_\_\_  
 Name of Beneficiary Relationship % Payable Date of Birth Social Security Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

**3.** \_\_\_\_\_  
 Name of Beneficiary Relationship % Payable Date of Birth Social Security Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

**100%**

The execution of this form and delivery thereof to CitiStreet revokes all prior designations that I have made with CitiStreet. This form applies only to funds held within the Texa\$aver Program at CitiStreet..

Participant's Signature

Date

Questions? CitiStreet Customer Service Representatives are available to assist you when you call (800) 634-5091 weekdays from 8 a.m. to 7 p.m. CST.

**Please return this form to:**

CitiStreet  
 Attn: State of Texas  
 P.O. Box 55223  
 Boston, MA  
 02205-5223

