NPPFA BENEFITS

Section A: Employer Information

Enrollment Application

Company/Employer Name: **The Wise Choice for Public Employees ®**

☑ New Enrollment
☐ Contribution Change

Contract /Account No.: **PE61743**

Affiliate No.: **00001**

Division No.:

Dept. Name:

Section B: Participant Information

Social Security No.:

Date of Birth (MM-DD-YYYY):

First Name:

Middle Initial:

Last Name:

Mailing Address:

State:

Zip Code:

City:

E-mail:

Phone No./Ext.:

Date of Hire (MM-DD-YYYY):

Marital Status: ☐ Married ☐ Single/Divorced

Gender: ☐ Male ☐ Female

Section C: Contributions

I authorize my employer to contribute the amount specified below from my pay each pay period. Your contributions will be maintained based upon the information entered in this form. Contributions will begin as soon as administratively feasible under your plan.

Pre-tax contributions of_____% OR $ _____ from my pay each pay period.

Roth contributions of_____ % OR $ _____from my pay each pay period.

Normal Contribution Limit (2026): 100% of compensation or **$24,500**, whichever is less

Consider Ways to Save More:

Age 50 Catch Up contributions (up to **$8,000** more than the normal limit. **$32,500** maximum)
Age 60-63 Super Catch Up (if offered by your employer up to **$11,250** more than the normal limit. **$35,750** maximum)

☐ Please terminate any and all contributions to all other vendors.

If contribution change only, do not complete Section D: Investment Allocation

Section D: Investment Allocation

1) One-Step Diversification - Automatic allocation and rebalancing service using the core funds in your plan.

PortfolioXpress®

☐ Please enroll me in this service. By checking this box I agree to allocate 100% of my contributions based on my target retirement year and risk preference.

My target retirement year: 20____

☐ **I agree** to each of the asset allocation mixes and automated rebalancing transactions that will occur within my account as I approach retirement. I understand that I may turn the service off at any time or change my designated retirement year and/or risk preference, by signing in to my account at my.trsretire.com or calling Transamerica at 800-755-5801. All future rebalancing transactions are shown on the attached PortfolioXpress Profile, which includes an investment glidepath.

STOP HERE IF YOU HAVE SELECTED PORTFOLIOXPRESS! Do not complete the section below if you have enrolled in the one-step solution, which requires a 100% allocation of new contributions to your account. Please go directly to the signature section.

2) Create or Choose Your Own Portfolio - Please allocate contributions to the following investment options in the percentages noted below (total must equal 100%):

Choose a Portfolio			Create a Portfolio		
VT60	Vanguard Target Retirement 2060 Investor	%	VMFX	Vanguard Federal Money Market Investor	%
VASI	Vanguard LifeStrategy Income Investor	%	TGIO	Transamerica Guaranteed Investment Option	%
VSCG	Vanguard LifeStrategy Conservative Growth	%	VFSU	Vanguard Short Term Investment-Grade	%
VSMG	Vanguard Life Strategy Moderate Growth	%	VBTI	Vanguard Total Bond Market Index I	%
VASG	Vanguard Life Strategy Growth Investor	%	VIPI	Vanguard Inflation Protected Securities I	%
			VWEA	Vanguard High-Yield Corporate Admiral	%
			VVIA	Vanguard Value Index Admiral	%
			VINX	Vanguard Institutional Index I	%
			VLIS	Vanguard Large Cap Index I	%
			VIGA	Vanguard Growth Index Admiral	%
			VMVA	Vanguard Mid Cap Value Index Admiral	%
			VMGM	Vanguard Mid Cap Growth Index Admiral	%
			VSII	Vanguard Small Cap Value Index I	%
			VSCX	Vanguard Small Cap Index I	%
			VSGI	Vanguard Small Cap Growth Index I	%
			VGSN	Vanguard REIT Index I	%
			VTSN	Vanguard Total International Stock Index	%

Section E: Signatures

I understand that any catch-up contributions elected above are not determined to be catch-up contributions until my regular pre-tax salary deferral contributions exceed an applicable limit under the plan, and that the amount of my salary reduction above may not exceed the limits of contributions set forth in my employer's plan.

Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528 distributes securities products. Any registered fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements such as TISC.

I acknowledge that investment option information, including prospectuses, disclosure documents, and/or fund profile sheets, as applicable have been made available to me and I understand the risks of investing.

The Transamerica funds are distributed by Transamerica Capital, Inc. (TCI) and are advised by Transamerica Asset Management (TAM). Transamerica, TISC, TAM, and TCI are affiliated companies. I understand that the fixed interest option(s) are available under group annuity contract(s) issued by Transamerica Financial Life Insurance Company ("TFLIC") and that the mutual fund options are subject to a Custodial Agreement with State Street Bank and Trust Company ("SSBT"). I understand that the group annuity contracts are legally separate arrangements from the Custodial Agreement. SSBT has no control over or responsibility for the group annuity contracts. I understand that an annual administrative fee, a withdrawal charge, and transfer restrictions may apply. The Transamerica investment options are available under a group variable annuity contract issued by Transamerica Financial Life insurance Company ("TFLIC"), which is offered through Transamerica Investors Securities Corporation, 440 Mamaroneck Avenue, Harrison, NY 10528. I understand that an annual administrative fee, a withdrawal charge, and transfer restrictions may apply. The Stable Pooled Fund is offered through Transamerica Retirement Solutions Collective Trust and invests directly in the Wells Fargo Stable Return Fund which is a collective trust fund of Wells Fargo.

I agree to the terms of the plan. I am aware that amounts deferred under this type of plan are included in my employer's general assets. I understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice according to the terms of the plan. I understand that upon termination of my employment, my account will be distributed according to my election and according to the terms of the plan.

X _____ _____

Participant Signature | Date

X _____ _____

NPPFA Benefits Approval | Date

New enrollments must be submitted to NPPFA Benefits. Send completed enrollment forms via secure file transmission by logging into our website at www.nppfabenefits.org. Select the resources tab followed by secure file transmission. Alternatively, you can return completed forms to NPPFA Benefits Customer Service via email to service@nppfabenefits.org.