

Opt-in Enrollment Form

Your Future is Worth Starting

Become an OCERP member today!

Your future deserves a plan. The Ohio County Employees Retirement Plan (OCERP) offers you a simple, flexible way to start building long-term financial security – on your terms.

Opting in is easy.



Yes, I want to begin participating in OCERP.

Complete the quick enrollment form on the reverse side or go to ocerp457.com and register online with an enrollment code. Start now building toward the future you imagine.



No, I don't want to start building long-term financial security.

Member benefits include:

- ✓ Contributions are made automatically through payroll deductions
- ✓ Lower your taxable income today (pre-tax contributions)
- ✓ You can also save with after-tax Roth contributions.
- ✓ Access your OCERP account penalty-free upon separation from service
- ✓ Questions? You can set up an appointment with a dedicated representative from Empower.
- ✓ You may also be able to borrow from your OCERP account and payback through automatic payroll deduction.

OCERP is specially designed just for you and all Ohio County employees, giving you a personal level of service you deserve.

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Quick Enrollment Governmental 457(b) Plan

Ohio County Employees Retirement Plan

340001-01

Participant Information

Form fields for Last Name, First Name, MI, Address, City, State, Zip Code, Home Phone, Work Phone, Mobile Phone.

Form fields for Social Security Number, E-Mail Address, Marital Status, Gender, Date of Birth, Date of Hire.

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with CCAO? Yes, I would like a representative to call me at phone # to review my options and assist me with the process.

Payroll Information

Yes! I would like to enroll in the Ohio County Employees Retirement Plan and voluntarily contribute:

- Options for contribution amounts and tax basis: Before Tax, Roth.

I do not wish to contribute to the Plan at this time.

To be completed by Human Resources

Payroll Center Name: Carroll County, Payroll Center Number: 10, Division Name: Carroll County, Division Number: 10

Investment Option: I understand that this form is my election to enroll in the Plan. By signing this form, my contributions will be allocated to the Plan's default investment fund without additional action by me.

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.

My Account: I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days from the last calendar quarter.

Beneficiary Designation: I understand that I must choose a beneficiary of my account with this Plan by filing a separate Beneficiary Designation form with the Service Provider.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code.

X Participant Signature Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant Mail to: CCAO, PO Box 173764, Denver, CO 80217-3764

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