

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____

E-MAIL: _____ DATE OF BIRTH: ____/____/____

EMPLOYER NAME (required): _____

PRIMARY BENEFICIARY: _____
Include: Name, Date of Birth, and Relationship

EMPLOYEE CONTRIBUTION ELECTION

You may elect to contribute to PERA SmartSave by selecting the dollar amount of your gross salary you want deducted from your wages on a per pay period basis. The total minimum contribution is \$260 annually and total maximum contribution is \$19,000 annually (or maximum IRS limits).

Pre-tax contribution amount: \$ _____ / per pay period

Roth contribution amount: \$ _____ / per pay period
(Please verify that your employer has the capability to remit Roth contributions.)

INVESTMENT FUND ELECTION - GUIDE ME

Choose from pre-defined options based on your birth year and a common retirement age of 65:

| | |
|---|--------------------------|
| Name: | Birth Date Range: |
| <input type="checkbox"/> New Mexico Conservative Portfolio | 12/31/1952 and prior |
| <input type="checkbox"/> New Mexico Life Cycle 2020 Portfolio | 1/1/1953 - 12/31/1957 |
| <input type="checkbox"/> New Mexico Life Cycle 2025 Portfolio | 1/1/1958 - 12/31/1962 |
| <input type="checkbox"/> New Mexico Life Cycle 2030 Portfolio | 1/1/1963 - 12/31/1967 |
| <input type="checkbox"/> New Mexico Life Cycle 2035 Portfolio | 1/1/1968 - 12/31/1972 |
| <input type="checkbox"/> New Mexico Life Cycle 2040 Portfolio | 1/1/1973 - 12/31/1977 |
| <input type="checkbox"/> New Mexico Life Cycle 2045 Portfolio | 1/1/1978 - 12/31/1982 |
| <input type="checkbox"/> New Mexico Life Cycle 2050 Portfolio | 1/1/1983 - 12/31/1987 |
| <input type="checkbox"/> New Mexico Life Cycle 2055 Portfolio | 1/1/1988 and after |

INVESTMENT FUND ELECTION - GET THERE MYSELF (MUST TOTAL 100%)

Choose your own investment mix from available options to create your own investment strategy:

| | | | | | |
|---|-------|------|--|-------|-------------|
| New Mexico Conservative Portfolio | _____ | .00% | New Mexico Stable Value Fund | _____ | .00% |
| New Mexico Life Cycle 2020 Portfolio | _____ | .00% | Oakmark Equity & Income Fund (The) - Class I | _____ | .00% |
| New Mexico Life Cycle 2025 Portfolio | _____ | .00% | Dodge & Cox Stock Fund | _____ | .00% |
| New Mexico Life Cycle 2030 Portfolio | _____ | .00% | Fidelity Contrafund K | _____ | .00% |
| New Mexico Life Cycle 2035 Portfolio | _____ | .00% | Principal Funds Inc., Mid Cap Fund - Institutional Class | _____ | .00% |
| New Mexico Life Cycle 2040 Portfolio | _____ | .00% | T. Rowe Price Institutional Mid-Cap Equity Growth Fund | _____ | .00% |
| New Mexico Life Cycle 2045 Portfolio | _____ | .00% | Fidelity Low-Priced Stock K | _____ | .00% |
| New Mexico Life Cycle 2050 Portfolio | _____ | .00% | DFA U.S. Small Cap Portfolio | _____ | .00% |
| New Mexico Life Cycle 2055 Portfolio | _____ | .00% | EuroPacific Growth Fund - Class R6 | _____ | .00% |
| Vanguard Total Bond Market Index Fund - Institutional Shares | _____ | .00% | Fidelity Diversified International K | _____ | .00% |
| Vanguard Inflation Protected Securities Fund - Institutional Shares | _____ | .00% | Templeton Global Bond Fund - Class R6 | _____ | .00% |
| Vanguard® Institutional Index Fund - Institutional Plus Shares | _____ | .00% | Principal Diversified Real Asset Fund - Institutional | _____ | .00% |
| Vanguard Total International Stock Index Fund - Institutional Shares | _____ | .00% | Invesco Global Real Estate Fund - Class R5 | _____ | .00% |
| | | | Aberdeen Emerging Markets Equity Fund - Institutional Class | _____ | .00% |
| | | | TOTAL | | 100% |

AUTHORIZATION

By signing this form, I authorize my employer to reduce my salary by the amounts indicated in the Employee Contribution Election section of this form and I allow the Plan to set up my account with the contribution source(s). I understand if I do not complete one of the Investment Funds Election sections, my contributions will default to the target date fund closest to the year I reach age 65.

I hereby certify that the information I furnished herein is true, accurate and complete.

PARTICIPANT SIGNATURE _____ **DATE** _____

MAILING INSTRUCTIONS

Please submit your completed form to:

VIA FAX:

Voya Financial
Attn: PERA SmartSave
1-844-299-2373

VIA MAIL DELIVERY:

Voya Financial
Attn: PERA SmartSave
P.O. Box 24747
Jacksonville, FL 32241-4747

VIA OVERNIGHT DELIVERY:

Voya Financial
Attn: PERA SmartSave
8900 Prominence Parkway
Jacksonville, FL 32256-8264

If you have any questions or need to obtain additional plan or account information, please go online at PERASmartSave.voya.com or call the PERA SmartSave Service Center at 1-833-424-7283 (SAVE) (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Mountain Time (excluding stock market holidays).