



Participant Enrollment
Governmental 457(b) Plan

Boise Police Officers' Deferred Compensation Plan

98492-02

Participant Information

Form fields for Social Security Number, E-Mail Address, Mailing Address, Date of Birth, Date of Hire, Annual Income, and checkboxes for marital status and retirement account preferences.

Payroll Information

Form fields for payroll contribution election (Before Tax or Roth), Payroll Effective Date, Payroll Center Name/Number, and Division Name/Number.

My Total Retirement Information

The My Total Retirement provided by Empower Advisory Group, LLC will automatically direct your investment elections and will rebalance your account periodically, as necessary.

My Total Retirement:

By checking this box, I elect to have my account professionally managed by Empower Advisory Group, LLC until such time as I cancel my enrollment in the service.

-OR-

Select My Own Investment Options:

I elect to direct my own investments. I understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

Do not complete this section if you are electing the My Total Retirement.

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

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.

INVESTMENT OPTION			INVESTMENT OPTION		
%	NAME	TICKER CODE	%	NAME	TICKER CODE
_____	Vanguard Target Retirement Income Inv.....	VTINX VTINX	_____	MFS Intl Diversification R6.....	MDIZX MDIZX
_____	Vanguard Target Retirement 2020 Inv.....	VTWNX VTWNX	_____	Fidelity Extended Market Index.....	FSMAX FSMAX
_____	Vanguard Target Retirement 2025 Inv.....	VTTVX VTTVX	_____	Hartford Schroders US MidCap Opps SDR.....	SMDRX SMDRX
_____	Vanguard Target Retirement 2030 Inv.....	VTHRX VTHRX	_____	Fidelity 500 Index.....	FXAIX FXAIX
_____	Vanguard Target Retirement 2035 Inv.....	VTTHX VTTHX	_____	T. Rowe Price U.S. Equity Research I.....	PCCOX PCCOX
_____	Vanguard Target Retirement 2040 Inv.....	VFORX VFORX	_____	BlackRock High Yield Bond Portfolio K.....	BRHYX BRHYX
_____	Vanguard Target Retirement 2045 Inv.....	VTIVX VTIVX	_____	Sterling Capital Total Return Bond R6.....	STRDX STRDX
_____	Vanguard Target Retirement 2050 Inv.....	VFIFX VFIFX	_____	Vanguard Inflation-Protected Secs Adm.....	VAIPX VAIPX
_____	Vanguard Target Retirement 2055 Inv.....	VFFVX VFFVX	_____	Empower Guaranteed Fixed Fund.....	N/A GFFL2
_____	Vanguard Target Retirement 2060 Inv.....	VTTSX VTTSX	_____	Putnam Stable Value Fund.....	N/A PCSV25
_____	Fidelity Total Intl Index Instl Premium.....	FTIHX FTIHX	= 100% MUST INDICATE WHOLE PERCENTAGES		

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - If I elect to direct my own investments, I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that 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. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

I understand if I elect to have my account managed by Empower Advisory Group, LLC, that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the My Total Retirement, I understand that I must provide my date of birth, gender, marital status, state of residence and annual income. If any of this information is not provided, I understand that I will not be enrolled in the My Total Retirement.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to 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 my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - 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 of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

My Total Retirement Fee - If you elect the My Total Retirement, a quarterly fee will be assessed. If you wish to cancel your enrollment in the future please call your Plan's Voice Response System number.

Signature(s) and Consent**Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the My Total Retirement Agreement.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

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.

Authorized Plan Administrator Approval**Authorized Plan Administrator Signature****Date**

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

Print Full Name

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at

empowermyretirement.com

Click on *Upload Documents* to submit

OR Sent regular mail to:

Empower

PO Box 173764

Denver, CO 80217-3764

OR Sent express mail to:

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Last Name

First Name

M.I.

Social Security Number

Number

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Contingent Beneficiary Designation <i>(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
%		/ /	
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
%		/ /	
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

C Participant Consent for Beneficiary Designation <i>(Please sign on the 'Participant Signature' line below.)</i>	
<p>I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.</p> <p>If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.</p> <p>This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>	

D Delivery Instructions						
<p>After all signatures have been obtained, this form can be</p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Uploaded Electronically: Login to account at empowermyretirement.com Click on Upload Documents to submit </td> <td style="width: 33%; vertical-align: top; text-align: center;"> OR </td> <td style="width: 33%; vertical-align: top;"> Sent Regular Mail to: Empower PO Box 173764 Denver, CO 80217-3764 </td> <td style="width: 33%; vertical-align: top; text-align: center;"> OR </td> <td style="width: 33%; vertical-align: top;"> Sent Express Mail to: Empower 8515 E. Orchard Road Greenwood Village, CO 80111 </td> </tr> </table> <p>We will not accept hand delivered forms at Express Mail addresses.</p>		Uploaded Electronically: Login to account at empowermyretirement.com Click on Upload Documents to submit	OR	Sent Regular Mail to: Empower PO Box 173764 Denver, CO 80217-3764	OR	Sent Express Mail to: Empower 8515 E. Orchard Road Greenwood Village, CO 80111
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