



The TexaSaver 457 Plan

Enrolling in the TexaSaver 457 Plan

1 Enrolling in the TexaSaver 457 Plan

If you are a part-time or full-time state or higher education employee, or an employee of a participating community college, you are eligible to enroll in the TexaSaver 457 Plan at any time.

- a. If you have a TexaSaver Personal Identification Number (PIN), you can enroll online:
 - Go to www.texasaver.com.
 - Enter your Social Security Number and PIN on the home page.
 - Select **TexasSaver 457 Plan** under My Retirement Plans.
 - Select **Contributions** under My Account.
 - Select **Change Contributions**. Choose a dollar amount of your pay you want to contribute to the 457 Plan. To confirm your election, click next and then submit.
 - Select **Manage Investments** followed by selecting **Change Elections**. Here you will 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 TexaSaver PIN or you wish to enroll by phone, you may call TexaSaver 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 TexaSaver 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 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 dollar amount of your pay to contribute and what investment option(s) to allocate to your 457 Plan.
- b. Investment Advice is available for all TexaSaver participants by calling (800) 634-5091, option 5.
- c. You may contribute in increments of \$1 to the 457 Plan. The minimum monthly deferral amount is \$20, and you may contribute up to 99% of your eligible pay or the annual maximum deferral limit set by the IRS, whichever is less.
- d. You may enroll in the 457 Plan if you are also enrolled in a 401(k) or 403(b) plan through your higher education employer, 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 TexaSaver PIN in a secure location for future use.



The TexaSaver 401(k) and 457 Program

TexaSaver Enrollment Form formerly called the Participation Agreement

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 and Deferral Election

Note: Your annual deferral cannot exceed the lesser of 100% of your eligible compensation or \$15,050 per plan for the 2007 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.

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.)

Investment Allocation Election

	401(k) Plan*	457 Plan*
(10) Fidelity Retirement Money Market Fund	_____%	_____%
(15) ING Stable Value Account	_____%	_____%
(20) Fidelity U. S. Bond Index Fund	_____%	_____%
(30) Vanguard Wellington Fund	_____%	_____%
(35) Davis New York Venture Fund	_____%	_____%
(40) Vanguard Institutional Index Fund Institutional Plus Shares	_____%	_____%
(45) Vanguard Growth Index Fund Institutional Shares	_____%	_____%
(50) First Eagle Fund of America	_____%	_____%
(32) Munder Mid-Cap Core Growth Fund	_____%	_____%
(65) Lord Abbett Small Cap Value Fund	_____%	_____%
(55) Fidelity Diversified International Fund	_____%	_____%
(70) Schwab Personal Choice Retirement Account® (PCRA)	_____%	_____%
TOTAL: * whole percentages totaling 100%	100%	100%

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
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Note: Payroll deferrals will be effective after the next full month's pay period.

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



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.)

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

	Name of Beneficiary	Relationship	% Payable	Date of Birth	Social Security Number
1.	_____	_____	____%	_____	_____
2.	_____	_____	____%	_____	_____
3.	_____	_____	____%	_____	_____
4.	_____	_____	____%	_____	_____
5.	_____	_____	____%	_____	_____
6.	_____	_____	____%	_____	_____
			100%		

B. Secondary Beneficiary — If you choose to complete this section, please designate some other person, persons or class of persons.

	Name of Beneficiary	Relationship	% Payable	Date of Birth	Social Security Number
1.	_____	_____	____%	_____	_____
2.	_____	_____	____%	_____	_____
3.	_____	_____	____%	_____	_____
4.	_____	_____	____%	_____	_____
5.	_____	_____	____%	_____	_____
6.	_____	_____	____%	_____	_____
			100%		



Please return this form to:

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

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.