

HIGHLIGHTS OF PLAN PROVISIONS

TRUSTEE

- Oklahoma County Retirement Board of Trustees

EFFECTIVE DATE

- Originally effective January 1, 2004.

PLAN YEAR

- July 1 through June 30

ELIGIBILITY

- You are eligible to participate in the Plan on the first day of the month following sixty (60) full days of service.

COMPENSATION

- Compensation includes gross monthly pay paid to you by the Employer before deferred deductions, including payment for unused annual leave upon termination of employment. Overtime pay or any one-time stipend is excluded for contribution purposes.

EMPLOYER CONTRIBUTIONS

- Unless modified by a resolution of the Oklahoma County Board of County Commissioners, the Employer will make an Employer Contribution on your behalf each pay period equal to 12% of your compensation.

INVESTMENT OF FUNDS

- Under the provisions of the Plan, you have the flexibility to direct the investment of all or any portion of your Account from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio. A complete description of the Plan's investment options, prospectuses and their performance, as well as planning tools to help you choose an appropriate mix, are available on the Start Right website at www.startright.bokf.com.
- Elections of investment options shall be made in 1% increments. You may change your Investment options at any time during the Plan Year provided such change will be effective as soon as administratively practicable following the close of business on the day on which the election is received.
- If you do not make an investment election your account balances will be placed in investments selected by the Trustee. You may change the investment directions for your future contributions or for your existing account balances at any time by contacting a Participant Services Representative at 800.876.9557 or go to Start Right Online at www.startright.bokf.com

SELF DIRECTED BROKERAGE ACCOUNT

- A Self Directed Brokerage Account Option ("SDBA") is also available. The Plan permits active participants who are 100% vested in Plan benefits to establish accounts with Pershing LLC pursuant to which investments of assets may be made. To utilize this option, an SDBA account can be established by completing and submitting a separate SDBA Agreement to the Custodian. In order to obtain an SDBA Application, please contact a Participant Service Representative at 800.876.9557. You will need to enroll in the Plan, selecting an investment option(s) from the Plan's core fund listing to invest your contributions. Once your SDBO account has been established, you will need to transfer these funds into your established SDBO account.

ALLOCATION DATES

- The Plan will be valued each day of the Plan Year that trading is permitted on the New York Stock Exchange at which time contributions and net earnings will be allocated to your account. Your participant statement will be generated approximately 15 days after the quarterly valuation dates.

VESTING SCHEDULE

- You will become 100% vested and have nonforfeitable rights in your Employer Contribution Account upon completing five (5) years of credited services. No partial vesting is provided under the Plan.
- You will accrue one (1) year of Vesting Years of Service for each twelve (12) months within which you are classified as a Full Time Employee by the County.
- You will become 100% vested in your Employer Contribution Account if you terminate employment due to death, disability, or Normal Retirement Age.
- To be eligible for Retirement with the Health Package, you must be 100% vested. The Health Package must be in place at the time of retirement to be eligible to continue it.

RETIREMENT ELIGIBILITY AGE

- Your Retirement Eligibility Date is the date your age plus Years of Service equals 60. You will attain your Retirement Eligibility Date six (6) months prior to your birthday. Years of service round up at the six (6) month point.

DISTRIBUTION PROVISIONS

- A distribution will be paid as soon as administratively practicable following receipt of your request.
- Employer Contribution Account - available upon separation from service, attainment of your Retirement Eligibility Date and being classified as a Retiree, or upon Disability Retirement.
- Methods of payment upon attainment of Normal Retirement Age, Disability Retirement, and Death:
 - By lump sum cash payment in an amount equal to all or a part of your account balance;
 - In substantially equal payments in monthly, quarterly, or annual installments;
 - As permitted by the Retirement Board and subject to any required withholding, you may direct the Retirement Board to pay all or a portion of any distribution to the Oklahoma County Health and Dental Plan(s).
- Method of payment upon termination of employment for reasons other than Normal Retirement or Disability Retirement:
 - Lump sum cash payment. Installments are permitted for required minimum distribution purposes only.
- The County may distribute the balance of the Accounts of any participant who is (i) not 100% vested upon termination of employment and (ii) incurs a Break-In-Service, without obtaining the consent of the participant.

PARTICIPANT LOANS

- You are allowed to borrow money from the Plan based on the following limitations:
 - Minimum amount - \$1,000.00
 - Maximum amount - 50% of vested account balance not to exceed \$50,000.
 - The duration of the loan will be limited to five years; 15 years for the purchase of a principal residence.
 - The interest rate charged will be the New York Prime Rate in effect at the time of the loan.
 - Loan consolidation for the purpose of refinancing is available to qualifying participants.
 - Five (5) outstanding loans will be permitted at any time. A sixth (6th) loan may be requested for consolidation purposes only.
 - Loan origination fee - \$100.00

(Please use black ink only.)

SECTION I: EMPLOYEE INFORMATION

Social Security No: _____ Employee ID No: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth Date: _____ Hire Date: _____ Rehire Date: _____ Marital Status: _____
 Phone Number: _____ Branch/Division: _____

SECTION II: EMPLOYEE INVESTMENT ELECTION

Under the provisions of the Plan, you determine how your employer contributions are to be invested. If you do not make an investment election your account balances will be placed in investments selected by the Trustee until you submit alternative elections which will be effective thereafter. **You have the option of investing in both the Core Investment Funds and the Vanguard Target Retirement Funds in 1% increments; however, the total percentage must equal 100%.**

CORE INVESTMENTS FUNDS

_____ %	ST	Invesco STIT Treasury-Inst
_____ %	ML	BNYM Mellon Stable Value-M
_____ %	VT	Vanguard S/T Treasury-Adm
_____ %	3X	PIMCO Total Return I
_____ %	RQ	Vanguard Total Bond Mkt – Adm
_____ %	T6	Vanguard GNMA – Adm
_____ %	G8	Vanguard Total Intl Bond Index
_____ %	5N	Dodge & Cox Balanced-I
_____ %	AM	American Funds Amer Mutual-R6
_____ %	DV	Delaware Value–R6
_____ %	6N	Dodge & Cox Stock-I
_____ %	WZ	Growth Fund of America R6
_____ %	K9	Harbor Capital Apprec-R
_____ %	D4	Vanguard 500 Index-Adm
_____ %	TC	TIAA-CREFF M/C Value-Inst
_____ %	G2	Vanguard M/C Growth Index-Adm
_____ %	J8	Vanguard Selected Value
_____ %	LY	Vanguard Mid Cap Index Adm
_____ %	HR	Hood River S/C Growth-R
_____ %	NO	Northern Small Cap Value
_____ %	D8	Vanguard Small-Cap Index Adm
_____ %	IV	Invesco EQV Int'l Growth-R6
_____ %	AR	Artisan International-I
_____ %	BI	Brandes Int'l Equity-R6
_____ %	4C	Dodge & Cox Intl Stock-I

VANGUARD TARGET RETIRMENT FUNDS

_____ %	G1	Vanguard Target Rtmnt Inc-Inv
_____ %	GK	Vanguard Target Rtmnt 2025-Inv
_____ %	GM	Vanguard Target Rtmnt 2035-Inv
_____ %	GO	Vanguard Target Rtmnt 2045-Inv
_____ %	GQ	Vanguard Target Rtmnt 2055-Inv
_____ %	GS	Vanguard Target Rtmnt 2065-Inv

**THE TOTAL OF ALL FUNDS SELECTED
MUST EQUAL 100%**

** You have the option of investing in both the Core Investment Funds and the Target Retirement Funds; however, the total percentage must equal 100%.*

Participant's Signature _____ **Date** _____

Plan Administrator Signature _____ **Date** _____

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

(Please use black ink only.)

CHECK THE SPACE THAT APPLIES:

- I hereby certify that I am not married and I understand that if I later marry, my spouse will receive my entire account balance upon my death unless after my marriage I sign a new Beneficiary Designation Form with my spouse's consent to designation of some other beneficiary(ies).
- I certify that I am married and that I am designating my spouse as sole Primary Beneficiary.
- I certify that I am married, that I am designating someone other than my spouse as Primary Beneficiary (in whole or in part) and that my spouse consents to such designation on the reverse of this form.
- I certify that I am married and that an authorized plan representative (whose certification is attached hereto) is satisfied that my spouse cannot be located.

If you designate more than one Primary or Contingent Beneficiary and you fail to designate a percentage share for each beneficiary, then upon your death, benefits will be divided equally among the beneficiaries listed.

I hereby designate the following beneficiaries to receive any benefits payable under the Plan upon my death. (Attach a separate sheet if additional space or special instructions are required).

PRIMARY BENEFICIARIES

Who shall share (while living) any benefits payable upon my death (to the exclusion of my contingent beneficiaries). If a Primary Beneficiary dies prior to receiving his or her entire share, such share (or remaining portion thereof) shall be payable proportionately to any surviving Primary Beneficiaries.

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

CONTINGENT BENEFICIARIES

Who shall share (while living) any remaining benefits in the event all my Primary Beneficiaries die before receiving all benefits payable upon my death. If a Contingent Beneficiary dies prior to receiving his or her entire share, such share (or remaining portion thereof) shall be payable proportionately to any surviving Contingent Beneficiary.

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

This designation revokes any prior designation and can be revoked at any time by providing a new completed Beneficiary Designation Form (with any spousal consent as may then be required) to the Plan Administrator.

Participant Name _____ Signature _____

SSN _____ Date _____

Witness* _____ Signature _____

***Your signature must be witnessed by someone who is not named herein as a beneficiary.**

Date Received by Plan Administrator _____

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

Beneficiary Designation Form

SPOUSE'S CONSENT TO DESIGNATION OF OTHER PRIMARY BENEFICIARY

PARTICIPANT INFORMATION

Name: _____ SSN: _____

I hereby consent irrevocably to the above designation by my spouse of a primary beneficiary other than myself. I understand that the effect of this consent is to waive my right under the Plan to receive my spouse's entire account balance in the event of the death of my spouse.

Spouse's Signature _____ Date _____

Acknowledgment of Witness:

I hereby acknowledge that _____, to me known personally, appeared
(name of spouse)

before me on this _____ day of _____, _____, and subscribed his or her name immediately above and acknowledged to me that he or she did so as his or her free and voluntary act and deed for the uses and purposes set forth in this Beneficiary Designation Form.

Authorized Plan Representative

... OR ...

Notary Public for State of _____
County of _____

My Commission Expires:

(Affix Seal Here)

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

ACTIVE PARTICIPANT CHANGE FORM

NAME/DEFERRAL

(Please use black ink only.)

Name Change Location Change Re-Enter

PARTICIPANT INFORMATION

Social Security No: _____ Employee ID No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Hire Date: _____ Rehire Date: _____ Marital Status: _____

Phone Number: _____ Branch/Division: _____

NAME CHANGE

Change name to _____ Previous name _____

If you wish to designate a new beneficiary, please request a Beneficiary Designation Form from the Human Resources Department.

You should consider changing your Beneficiary Designation upon the occurrence of any life changing event, such as a marriage, a divorce, a birth, or the death of your beneficiary.

PARTICIPANT'S SIGNATURE _____ Date _____

PLAN ADMINISTRATOR SIGNATURE _____ Date _____

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

(Please use black ink only.)

SECTION I: EMPLOYEE INFORMATION

Social Security No: _____ Employee ID No: _____

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Birth Date: _____ Hire Date: _____ Termination Date: _____ Marital Status: _____

Phone Number: _____ Branch/Division: _____

SECTION II: REASON FOR DISTRIBUTION

- Termination Disability Retirement Normal Retirement Age

SECTION III: DISTRIBUTION OPTIONS

I hereby request a distribution of my vested benefit under the above Plan and I elect to receive my benefit in the following form of payment. Except for limited exceptions, I understand the IRS may impose a 10% penalty tax on my benefit if it is distributed before I attain age 55.

- Lump sum payment equal to the **Entire** account value.
- Lump sum payment in the amount equal to all or part of the account value. \$ _____ (**Retirees Only**)
- Installments (**Retirees Only**) \$ _____ Monthly \$ _____ Quarterly \$ _____ Annually
\$ _____ Employer Account \$ _____ Grand-fathered After-Tax Account
- Rollover into IRA or other Qualified Plan in accordance with the rollover instructions in Section V.
- I elect to postpone the distribution of benefits until a later date. I will notify you when I wish to receive my distribution.

HEALTH PAYMENT: (Retirees Only)

- I elect to withdraw the amount of \$ _____ beginning ____/____/____ (Initial) from my account to pay the County for my group health insurance and/or life insurance each month. I direct BOKF to remit these payments directly to the County. I understand that these premium withdrawals will be included as taxable income to me and may change in the future years.

SECTION IV: WITHHOLDING INFORMATION

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com. You may want to check with a qualified tax advisor before making your elections. Please complete the following:

- Pay the entire distribution directly to me (subject to the applicable federal and state income tax withholding). State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.
- ____ Withhold state tax. ____ Do not withhold state tax.
- Pay the distribution in accordance with the rollover election instructions below. (**Complete Section V**)

SECTION V: ROLLOVER ELECTION

Please read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com and complete the following:

- Transfer the entire amount eligible for rollover directly to my IRA or other qualified plan. **If you have reached age 70-1/2 (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949), the required minimum amount will be distributed to you prior to the rollover. The amount will be calculated based on the Uniform Life Table which assumes your spouse is not more than ten years younger than you unless you notify us otherwise.** Complete all sections below.
- Pay the following dollar amount to me \$ _____ (subject to the applicable withholding) and transfer the balance directly to my IRA or qualified plan as indicated in Section VI.

Benefits Application/Rollover Election Form

SECTION VI: TRANSFER INSTRUCTIONS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR OTHER QUALIFIED PLAN

You may roll your plan account balance to a Roth IRA provided you include the taxable portion of the conversion amount in your gross income for the year in which the rollover conversion occurs. Please refer to the explanation provided in the "Special Tax Notice Regarding Plan Payments" and consult qualified tax counsel for additional information.

▶ **I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.**

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

Mail Check To: Participant Plan Administrator New IRA or Qualified Plan

Type of IRA: Traditional Roth

SECTION VII: METHOD OF PAYMENT

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

Based on your vested balance, please select the option in which you would like to receive your distribution. If choosing distribution via direct deposit or wire, please print legibly and make sure the information provided below has been verified by your financial institution. *(In the event that there is any uncertainty about your method of payment election, the Bank will issue your payment by check.)*

Check (This is the default option for all participants.)
Mail check to: Participant New IRA or Qualified Plan

Direct Deposit
Submit the Direct Deposit Authorization (ACH Transfer) form with this Application for Benefits.
Direct Deposit/ACH is not available for rollover distributions. A check will be issued for rollover distributions unless you elect a wire below.

Wire
If you have a vested balance of \$25,000 or more, you may choose to have the wire proceeds sent directly to the new Trustee, Custodian, or if not a rollover election, to your personal bank account. If you qualify for this option, please provide the following information (All information must be provided.) Receiving Financial Institution must be a US Entity.

Financial Institution Name _____ Routing # _____
Account Name _____ Account # _____
For further credit _____ Account # _____

SECTION VIII: SELF DIRECTED BROKERAGE ACCOUNT

Do you have a Self-Directed Brokerage Account? No Yes
(If "Yes", complete the Distribution Instructions for Self-Directed Account Form.)

SECTION IX: PARTICIPANT AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I have read the **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I have also read and understand the County's Defined Contribution System policies and specifically acknowledge the County's policy for permitting a "cash-out" disbursement upon termination of employment.

APPLICATION FOR BENEFITS

QUALIFIED DOMESTIC RELATIONS ORDER

(Please use black ink only.)

SECTION I: ALTERNATE PAYEE INFORMATION

Name: _____

SSN: _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

SECTION II: LUMP SUM DISTRIBUTION OPTION

I hereby request a distribution of benefits under the Oklahoma County Employees' Defined Contribution System in accordance with the terms of the Qualified Domestic Relations Order. I elect to receive my benefit in the following form of payment:

- Lump sum payment equal to the **Entire** account value.
- Lump sum payment in the amount equal to all or part of the account value. \$ _____ (Retirees Only)
- Installments (Retirees Only) \$ _____ Monthly \$ _____ Quarterly \$ _____ Annually
\$ _____ Employer Account \$ _____ Grand-fathered After-Tax Account

⇒ This distribution will be subject to the 20% federal tax and applicable state income tax withholding. If you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.

_____ Withhold state tax. _____ Do not withhold state tax.

- Rollover into IRA or other Qualified Plan in accordance with the rollover instructions in Section III through V.

SECTION III: ROLLOVER ELECTION

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com. You may want to check with a qualified tax advisor before making your elections. Please complete the following:

- Transfer the entire amount eligible for rollover directly to my IRA or other qualified plan. Complete all sections below.
- Pay the following dollar amount to me \$ _____ (subject to the applicable withholding) and transfer the balance directly to my IRA or qualified plan as indicated in Section IV below.

SECTION IV: TRANSFER INSTRUCTIONS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR OTHER QUALIFIED PLAN

You may roll your plan account balance to a Roth IRA provided you include the taxable portion of the conversion amount in your gross income for the year in which the rollover conversion occurs. Please refer to the explanation provided in the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com and consult qualified tax counsel for additional information.

- I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

Mail Check To: Participant Plan Administrator New IRA or Qualified Plan

Type of IRA: Traditional Roth

Application for Benefits - Qualified Domestic Relations Order

SECTION V: PAYMENT DELIVERY

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

Mail check to:

- To me at the address provided in Section I.
- To the new IRA or Qualified Plan listed in Section IV.

SECTION VI: ALTERNATE PAYEE'S AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I have read the **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I fully and willingly assume any and all liabilities for such disbursement, including but not limited to any tax consequences; and I waive any and all right(s) to legal action regarding this issue against Oklahoma County, the Oklahoma County Retirement Board of Trustees, BOK Financial and its affiliated companies, and/or its members personally or individually. I understand that I am executing this Authorization, Release and Acknowledgement voluntarily and of my own free will.

Alternate Payee's Signature _____ Date _____

Plan Administrator Authorization – This section must be completed by the Oklahoma County Benefits and Retirement Department's Office authorizing payment of plan benefits.

Participant's Vesting Percentage: _____% Date Received by Oklahoma County _____

Employer's Signature _____ Date _____

RETURN THIS COMPLETED FORM ALONG WITH THE QUALIFIED DOMESTIC RELATION ORDER TO THE BENEFITS & RETIREMENT DEPARTMENT.

**Oklahoma County Benefits & Retirement Department
320 Robert S. Kerr Avenue, Room 220
Oklahoma City, OK 73102**

**SURVIVING SPOUSE/BENEFICIARY
APPLICATION FOR DEATH BENEFITS**

(Please use black ink only.)

SECTION I: PARTICIPANT INFORMATION

Social Security No: _____ Employee ID No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Hire Date: _____ Date of Death: _____ Marital Status: _____

Phone Number: _____ Branch/Division: _____

SECTION II: BENEFICIARY INFORMATION

Beneficiary's Name: _____ Relationship: _____

SSN: _____ Birth Date: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

A COPY OF THE DEATH CERTIFICATE AND THE BENEFICIARY DESIGNATION FORM MUST BE ATTACHED TO THIS APPLICATION.

SECTION III: BENEFICIARY ELECTION AND WITHHOLDING INFORMATION

Please read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com and complete the following: I hereby make the following election relative to the death benefit under the above Plan.

- I elect to postpone the distribution of benefits until a later date.
- Pay the distribution in accordance with the rollover instructions in Sections IV through VI. Non-spouse beneficiaries may only rollover directly to an inherited IRA. For an inherited IRA, the beneficiary should title the inherited IRA in the name of decedent, for the benefit of the beneficiary.
- Lump sum payment

Federal income tax will be withheld from the taxable portion of your payment at the required rate of 20%. State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.

_____ Withhold state tax. _____ Do not withhold state tax.

SECTION IV: ROLLOVER ELECTION

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com. You may want to check with a qualified tax advisor before making your election. Please complete the following:

- Transfer the entire amount eligible for rollover directly to my IRA or other qualified plan. Complete all sections below.
- Pay the following dollar amount to me \$_____ (subject to the applicable withholding) and transfer the balance directly to my IRA or qualified plan as indicated in Section V below.

SECTION V: TRANSFER INSTRUCTIONS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR OTHER QUALIFIED PLAN

You may roll your plan account balance to a Roth IRA provided you include the taxable portion of the conversion amount in your gross income for the year in which the rollover conversion occurs. Please refer to the explanation provided in the "Special Tax Notice Regarding Plan Payments" and consult qualified tax counsel for additional information.

DEATH BENEFITS APPLICATION

▶ I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

Mail Check To: Participant Plan Administrator New IRA or Qualified Plan

Type of IRA: Traditional Roth

SECTION VI: PAYMENT DELIVERY

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

Mail check to:

- To me at the address provided in Section II.
- To the new IRA or Qualified Plan listed in Section V.

SECTION VII: PARTICIPANT AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I have read the attached **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I fully and willingly assume any and all liabilities for such disbursement, including but not limited to any tax consequences; and I waive any and all right(s) to legal action regarding this issue against Oklahoma County, the Oklahoma County Retirement Board of Trustees, BOK Financial and its affiliated companies, and/or its members personally or individually. I understand that I am executing this Authorization, Release and Acknowledgement voluntarily and of my own free will.

Beneficiary's Signature _____ Date _____

Plan Administrator Authorization – This section must be completed by the Oklahoma County Benefits and Retirement Department's Office authorizing payment of plan benefits.

Vesting Percentage: 100% Date Received by Oklahoma County _____

Employer's Signature _____ Date _____

RETURN THIS FORM ALONG WITH DEATH CERTIFICATION AND BENEFICIARY DESIGNATION FORM TO THE BENEFITS & RETIREMENT DEPARTMENT.

Oklahoma County Benefits & Retirement Department
320 Robert S. Kerr Avenue, Room 220
Oklahoma City, OK 73102

Use this form only to request your initial Required Minimum Distribution (RMD) or to make a change with BOK Financial. All future RMD's will be automatically distributed from the Plan no later than December 15 each following year.

MINIMUM DISTRIBUTION GUIDELINES

Code §401(a)(9) of the Internal Revenue Code requires qualified plans, 457 plans, and IRAs to commence distributions to you after you (1) attain age 72 (70-½ if you reach 70-½ before January 1, 2020) and have separated from service with the Company; or (2) attain age 72 (70-½ if you reach 70-½ before January 1, 2020) and are a 5% owner of the Company in the current or previous plan year whether or not you have separated from service. After the first RMD, minimum amounts based on life expectancy and account balance must be distributed annually.

If this is your first RMD, you may take your minimum distribution during the year you attain 72 (70-½ if you reach 70-½ before January 1, 2020) or you may defer this distribution to no later than April 1 of the following year. If you elect to defer your first distribution to April 1 of the calendar year following the calendar year in which you turn 72 (70-½ if you reach 70-½ before January 1, 2020), or separated from service (if you are not a 5% owner), you will be required to take two payments that year: one by April 1 following the year in which you turned 72 (70-½ if you reach 70-½ before January 1, 2020) or separated from service and one by December 31 of that same year. You must take a minimum distribution by December 31 of every calendar year thereafter.

An RMD from a qualified plan cannot be satisfied by taking it from an IRA or another qualified plan.

Your RMD amount will be calculated based on the IRS published Uniform Lifetime Table (ULT). The ULT assumes that either 1) your primary beneficiary is not your spouse, or 2) your primary beneficiary is your spouse, but your spouse is not more than 10 years younger than you. If your spouse is more than 10 years younger than you, your RMD may be calculated using the Joint Life Expectancy Table which will result in a lower RMD amount. Unless you notify us otherwise, we will use the ULT to calculate your RMD amount. The RMD amount is calculated by dividing your account balance as of December 31 of the prior year by the life expectancy factor in the Uniform Life Table based on your age in the year of distribution.

Automatic Annual RMD Distributions: Unless you take a complete distribution from the Plan, **your RMD will be automatically distributed each year from the Plan no later than December 15.** If you wish to make any changes to your tax withholding for next year, request a complete distribution from the Plan, or change your direct deposit instructions, please contact Participant Services at 800.876.9557 and request a new RMD Form.

It is your responsibility to comply with the RMD rules. **The IRS imposes a 50% excise tax on the underpayment for failure to take an RMD on a timely basis.** If your address changes, it is imperative that you notify Participant Services at 800.876.9557 immediately.

Your RMD is subject to a 10% federal income tax withholding rate unless you elect not to have withholding apply, or you elect a higher withholding rate. **The withholding election you make on the attached form will be used for all future RMD payments, unless you notify us in writing of a future withholding change.** Some states also require state income tax be withheld from a plan distribution regardless of an election to not withhold state taxes

There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may want to refer to IRS Publication 505, Tax Withholding and Estimated Tax, which is available from the IRS website or most IRS offices. You should also consult with your tax advisor.

If you wish to take any distribution other than your RMD, please call Participant Services at 800.876.9557 to request the appropriate forms. The IRS requires your RMD be satisfied prior to a rollover to an IRA or another qualified plan. The RMD is not eligible to rollover.

If you have any questions regarding your distribution options, please contact Participant Services at 800.876.9557.

OMNI # 910260 DISTR/RMD

(Please use black ink only.)

SECTION I: PARTICIPANT INFORMATION

Name: _____ SSN: _____

Phone Number: _____ Birth Date: _____ Hire Date: _____

Date of Termination: _____ Are you or have you ever been a 5% owner? No Yes

SECTION II: FIRST YEAR OR CHANGE TO PRIOR YEAR RMD ELECTIONS

- This is my first year RMD. Please complete Sections I through VII below.
- Changes to my prior year RMD information and/or elections. Please check the appropriate box below.
 - I elect to change my payment option elections. Please complete Section III.
 - I elect to change my beneficiary information. Please complete Section IV. Please note, beneficiary information is for calculation purposes only. **This space is for calculation purposes only and does not constitute a beneficiary designation. To designate or modify your beneficiaries, please follow the procedures set by your Plan Administrator.**
 - I elect to change my income tax withholding elections. Please complete Section V.
 - I elect to change the method of payment of my required distribution. Please complete Section VI.
 - I elect to make changes to my contact information. Please complete the information below. Please note, to update the address on your account, or if any information in Section I changes, you will need to contact your (prior) employer or Participant Services at 800.876.9557.

New Name: _____ New Phone Number: _____

SECTION III: RMD DISTRIBUTION ONLY - PAYMENT OPTIONS

Your Required Minimum Distribution will be set up as a recurring annual payment distributed from the Plan no later than December 15 on an annual basis.

- Required Minimum Distribution only.
- Postpone Required Minimum Distribution to no later than April 1 of the following year (first year RMD only). If you do not provide further instructions prior to March 1 of the following applicable year, we will automatically distribute your required distribution at applicable withholding rates no later than April 1.

Alternative Payment Option: You also have the option of taking your required minimum distribution and any other account balance you are entitled to under the terms of the Plan in the form of a lump sum or installments. If you would like to select this option, please contact a Participant Services Representative at 800-876-9557 or go to Start Right Online at www.startright.bokf.com to request an Application of Benefits Form.

SECTION IV: BENEFICIARY INFORMATION

If your spouse is your sole beneficiary and is more than 10 years younger than you are, we will calculate your RMD using the Joint Life Expectancy Table. Please complete the following information:

Marital Status: Married Unmarried

Spouse is more than 10 years younger No Yes Spouse's Birth Date: _____

Sole Beneficiary: _____ Relationship: _____

Note: This space is for calculation purposes only and does not constitute a beneficiary designation. To designate or modify your beneficiaries, please follow the procedures set by your Plan Administrator.

Required Minimum Distribution Form

SECTION V: INCOME TAX WITHHOLDING

Withholding election for Required Minimum Distribution payment (this election applies to this and all future RMDs).

- 10% (If you do not make an election, 10% in federal taxes will be withheld from your distribution).
- Federal withholding: _____ %
- Do not withhold federal income tax.

State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election below.

- Applicable state income tax (If you do not make an election, applicable state taxes will be withheld from your distribution).
- State withholding: _____ %
- Do not withhold state income tax.

SECTION VI: METHOD OF PAYMENT

Your RMD will be processed as soon as administratively possible after your form has been received by BOK Financial ("BOKF").

Please select the option in which you would like to receive your RMD distribution. If choosing a distribution via direct deposit or wire, please print legibly and make sure the information provided below has been verified by your financial institution. *(In the event that there is any uncertainty about your method of payment election, BOKF will issue your payment by check.)*

Check (This is the default option for all participants.)

Direct Deposit

Submit the Direct Deposit Authorization (ACH Transfer) form with this Form.

Wire

If your RMD is \$25,000 or more, you may choose to have the wire proceeds sent directly to your personal bank account. If you qualify for this option, please provide the following information (All information must be provided.) Receiving Financial Institution must be a U.S. Entity.

Financial Institution Name: _____ Routing # _____

Account Name _____ Account # _____

For further credit _____ Account # _____

SECTION VII: PLEASE SIGN BELOW

The information on this form applies to this and all future year RMD distributions.

PARTICIPANT'S SIGNATURE _____ Date _____

SIGN AND FORWARD THIS FORM TO:

**BOK FINANCIAL
CLIENT PLAN SERVICES
P.O. BOX 22131
TULSA, OK 74121-2131**

**OR FAX: CLIENT PLAN SERVICES
918-280-4198**

DIRECT DEPOSIT AUTHORIZATION (ACH TRANSFER)

IMPORTANT: In an effort to avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within **24 hours** of attempting to contact you, a check will be issued as the default payment method.

INSTRUCTIONS FOR DIRECT DEPOSIT INTO BANK ACCOUNT

PARTICIPANT'S NAME: _____

NAME OF FINANCIAL INSTITUTION: _____

BRANCH / ADDRESS: _____

CITY: _____ STATE _____ Zip: _____

BANK PHONE: (____) _____ TYPE OF ACCOUNT Checking Savings

ABA / ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Please call your bank for verification)

A VOIDED CHECK (checking account) OR DEPOSIT SLIP (savings account) MUST BE ATTACHED.
The following preprinted information must be included: participant's (or alternate payee's) name and address.
PLEASE NOTE that if this information is not received, then a check will be issued.



AUTHORIZATION

I hereby authorize payment using an automatic transfer by ACH to my account named above. The name on the check must match the participant's (or alternate payee's) signature. **NOTE: This option is not available for rollover distributions.**

SIGNATURE

DATE

(Please use black ink only.)

PARTICIPANT INFORMATION

Social Security No: _____ Employee ID No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Hire Date: _____ Rehire Date: _____ Marital Status: _____

Phone Number: _____ Branch/Division: _____

Participant's Self-Directed Account Number: _____

INSTRUCTIONS FOR SELF-DIRECTED ACCOUNTS

- Liquidation
All assets will need to be liquidated in the Self-Directed Account in order for cash to be distributed per instructions on the Application for Benefits Form. If you have designated a Financial Advisor for the Self-Directed Account, please contact your Financial Advisor to liquidate the account.

OR

- In-Kind Transfer (Include transfer instructions and information below.)

▶ **Pre-tax (grand-fathered after-tax) sources rollover instructions:**

Type of IRA: Traditional OR Roth

Name of new Trustee or Custodian
where funds will be held: _____

IRA/Qualified Plan Account Number: _____

Mailing Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

DTC Number (For SDO In-kind Transfers): _____

PARTICIPANT'S SIGNATURE

DATE

NOTICE TO PARTICIPANTS OF DISTRIBUTION ELECTION

You are entitled to a distribution under the above Plan. We have enclosed a distribution package with this notice. This notice explains your election rights under the Plan. The following information is important to these election rights.

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com.

MINIMUM NOTICE PERIOD. For at least 30 days after you receive this notice, you have the right to consider your decision whether to consent to a distribution of your Vested Account Balance and whether to elect a direct rollover of any portion of your eligible rollover distribution. If you sign and return the attached Application for Benefits/Rollover Election Form less than 30 days after you receive this notice, the receipt of your signed form is your affirmative waiver of any unexpired portion of the minimum 30-day period and your affirmative election of a distribution or a direct rollover.

DISTRIBUTION CHARGE. Your account will not be charged directly for the expenses associated with processing your distribution.

1. **Forms included with this notice.** We have provided you the following forms:

Application for Benefits/Rollover Election Form. Use this form to elect payment of your benefits or to postpone the distribution (see the explanation of your benefit options in sections II and III) or if you wish to transfer all or any portion of your distribution directly to an IRA or other qualified plan.

Direct Deposit Authorization (ACH Transfer) Form. Use this form to authorize payment of your benefits using an ACH transfer into your bank account. Please note: To avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within 24 hours of attempting to contact you, a check will be issued as the default payment method.

2. **Benefit payment options.** The Plan permits you to elect distribution in the following forms:

- Direct rollover
- Lump sum payment
- Installments (for Retirees only)

You also may elect one form of payment for one part of your Vested Account Balance and another form of payment for another part of your Vested Account Balance. For example, you may elect direct rollover for part of your Vested Account Balance and a lump sum payment or installments (for retirees) for the other part. See the "Special Tax Notice Regarding Plan Payments" for rules on splitting your distribution.

If you are less than 100% vested in your Account Balance, and you elect distribution before you have incurred five consecutive breaks in service, you may elect a lump sum payment or direct rollover of your Vested Account Balance, known under the Plan as a "cash-out distribution." A cash-out distribution results in the forfeiture of the nonvested portion of your Account Balance. Your election of a cash-out distribution is a consent to this forfeiture. If you return to employment with the Employer before your fifth consecutive break in service, the Plan provides you a 5-year period during which you may repay the entire amount of your cash-out distribution and restore your forfeited nonvested Account Balance.

3. **Postponement of Distribution.** You do not have to commence distribution if you have not attained normal retirement age under the Plan (or age 62, if later). If you do not wish to commence distribution at this time, you must make the election to postpone on the Application for Benefits Form. This form allows you to elect a delayed distribution date. Under a postponement election, your Vested Account Balance will be subject to adjustment for investment earnings, gains or losses. Because of the investment performance of the trust fund (or of your individual account investment if you direct your own investments), the amount the Custodian ultimately pays you at your postponed distribution date could be more or less than the value of your Vested Account Balance described in your last participant statement.

If you elect to receive your Plan distribution rather than postpone the distribution, you will be subject to immediate federal, state (if applicable), and the 10% premature distribution taxation (unless you are 55 or older or qualify for an exception) and you will lose the opportunity to accumulate earnings on your retirement account on a tax-deferred basis (tax-free for Roth contributions) for retirement unless you roll over the distribution to an IRA or other retirement plan. This means that by taking the distribution now, you could end up with a much lower retirement income than if you leave the assets in the plan to build (tax-deferred or tax-free) for your retirement. This could be the result even if you invest (instead of spend) the amount of your distribution that you have left after payment of taxes.

4. Financial Effect of Distribution Options. A direct rollover means the Plan pays the distribution amount directly to another plan or to an IRA. See the “Special Tax Notice Regarding Plan Payments”. A lump sum payment means you receive a single payment of the distribution amount. If you are a retiree and elect an installment distribution, the Plan will make periodic payments of your Vested Account Balance over a specified period of time. You may elect to take the installment distributions directly from the trust. If you are a retiree, and you elect installment payments directly from the Plan, your Vested Account Balance will be subject to gain or loss in the same manner as other trust fund assets, unless the Plan Administrator directs the Custodian to segregate your Vested Account Balance in fixed income investments.

If the Custodian invests your account in the same manner as other trust fund assets, because of the investment performance of the trust fund (or, if you direct your own investments in accordance with the Plan, because of the performance of your individual investments), the total amount the Custodian ultimately pays you could be more or less than the value of your Vested Account Balance as of the proposed distribution date or as of the date of the termination of your employment with the Employer. If you elect an installment distribution, you also must complete a Beneficiary Designation form. If you are married, your spouse must consent to the beneficiary designation unless your spouse is the only designated beneficiary.

5. Consequences of failing to defer your distribution. Your decision whether to take your distribution now or to defer receipt of your distribution has tax implications to you.

Loss of pre-tax growth. If you take the distribution now (and do not roll over the distribution): (1) you must include the distribution in your gross income for the year of the distribution, except to the extent you have “basis” (after-tax dollars) in your account; and (2) you lose the opportunity to defer taxation on any earnings on your account balance and to earn additional pre-tax earnings on the earnings themselves (referred to as compounding of pre-tax earnings). The longer you delay the distribution, the longer the period you have to accumulate more earnings in your account.

Potential 10% additional tax. If you currently are under age 55 and you receive your distribution, the taxable portion of the distribution will be subject to a 10% penalty tax in addition to any federal income tax, unless an exception applies. Deferring the distribution until you attain age 55 or older avoids this 10% penalty. See the “Special Tax Notice Regarding Plan Payments” available on Start Right Online at www.startright.bokf.com for a further explanation of the tax consequences of your distribution alternatives.

Rollover benefits. If you roll over the distribution (either by a direct rollover or by receiving the distribution and rolling over the distribution within 60 days of receipt), you can continue to receive the benefits of retirement plan growth, as is more fully explained in the “Special Tax Notice Regarding Plan Payments”.

Potential investments and fees. Some investment choices under the Plan may not be generally available on similar terms outside the Plan. Fees and expenses (including administrative or investment-related fees) outside the Plan may be different from fees and expenses that apply to your Plan account. Please contact the Plan Administrator at to obtain additional information on (1) the general availability outside the Plan of the Plan’s currently available investment options or (2) the fees and expenses which apply to your account.

6. Further information. If you have any question regarding the information provided in this notice or any form included with your distribution package, please contact the Plan Administrator of the Plan.