



# OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

Ohio Deferred Compensation

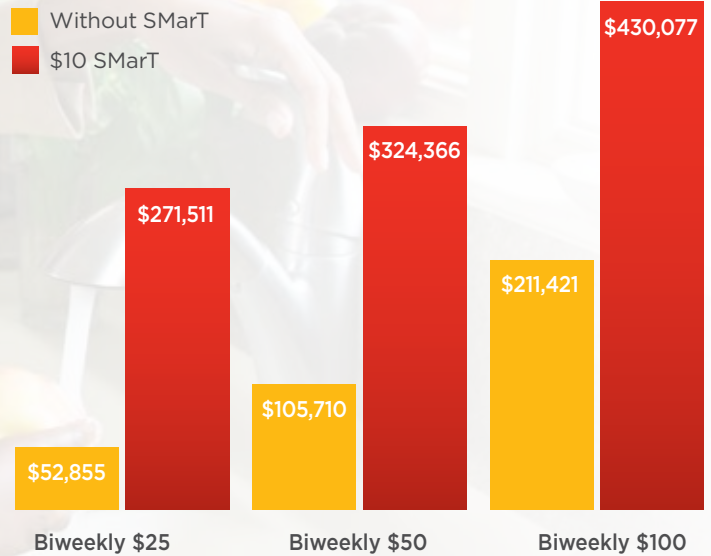
SMarT Plan Enrollment



## Reaching your investing goal doesn't have to be such a stretch.

When you enroll in SMarT, deferrals to your 457 account will automatically increase each year by the amount you choose to help you reach your individual investing goal. **That's just plain smart.**

**NO SMarT vs. \$10 SMarT on a current balance of \$0 with 6% compounding interest over 30 years.**



These are hypothetical compounding examples and are not intended to predict or project the investment results of any specific investment. Investment return is not guaranteed and will vary depending on your investments and market experience.

877-644-6457

Ohio457.org



**Try the SMarT Plan today!  
Enroll on the back.**

Investing involves risk, including possible loss of principal. Account Executives are Registered Representatives of Nationwide Investment Services Corporation, member FINRA.



Would you like to invest more for your retirement? Here's an easy solution!

How does SMarT work?

By enrolling in the SMarT Plan, your pre-tax payroll deferral amount will automatically increase each year by the amount you specify (not to exceed the annual limit allowed by law).

What if I sign up, but later change my mind?

No problem! You can always change your SMarT increase amount or reset to your regular deferral amount by contacting the Program. You can re-enroll in SMarT later if you choose.

Questions?

If you have questions about the SMarT Plan, please contact the Program's Service Center at 877-644-6457.

Fax to: 614-222-9457

Mail to: Ohio Deferred Compensation
257 East Town Street, Suite 457
Columbus, Ohio 43215-4626

Visit Ohio457.org to use the planning calculators.



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SMarT Plan Enrollment Form

[ ] YES! I want to enroll in the SMarT Plan and automatically increase my pre-tax payroll deferral amount each year by

[ ] \$20 or [ ] \$ \_\_\_\_\_ per pay period on the first pay date of \_\_\_\_\_ Month \_\_\_\_\_ Year

The increase will be invested in the same manner as your investment allocation at the time of the increase.

Printed Name \_\_\_\_\_ Last four digits of Social Security number \_\_\_\_\_

Employer Name \_\_\_\_\_

Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_