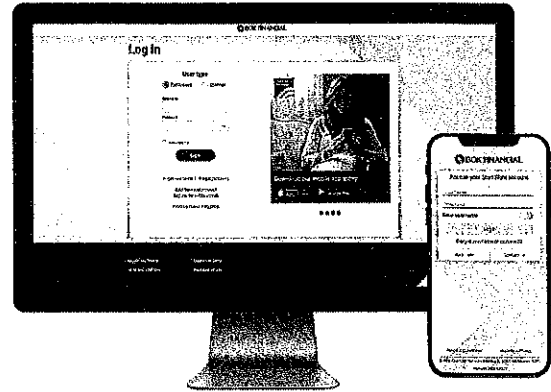


Start Right New User Guide



ACCOUNT ACCESS

1. Go to startright.bokf.com or download the Start Right app from the App Store or Google Play
2. Click **Register for online access/new user**
3. Enter your social security number and date of birth
4. Then verify you are not a robot and click **Register**



New User ID and Password

Your password:

- Must be between 8 and 28 characters long
- Must contain at least 1 lowercase letter
- Must contain at least 1 uppercase letter
- Must contain 1 number
- Must not contain the words
- Must not contain your social security number
- Must not contain special characters
- May only contain allowed characters

• **Case Sensitive**
• Cannot be the same as any of our 100 top passwords
• Cannot be changed for 48 hours after first change

New user ID
Drozd12345678

Temporary
Bokf@9876

5. Create a new user ID and password (must meet requirements and each item must have a green check mark to continue)
6. Confirm your password and log back in with your new credentials

7. A verification code will be sent to the phone number your employer has on file for you
8. Enter the verification code when you receive it and click **Submit**
9. If you forget your Username or Password, click the **Forgot Username/Forgot Password** to reset.

Multi-Factor Authentication

Enter your code

We are texting a verification code to *X XXX-XXX-9999.

Password
123456

Request a new code

YOU CAN REQUEST A NEW CODE AFTER 30 SECONDS.

Back Submit



Start Right Website



Start Right App

Please use black ink only.

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

You can elect to contribute up to 100% of your eligible compensation, not to exceed the maximum IRS calendar year dollar limit. You have the option of making your Salary Deferral Contribution as either a traditional pre-tax contribution, a Roth (after-tax) contribution, or a combination of the two. Check the appropriate box below:

Yes. I elect the following salary deferral contribution to the Plan:

Pre-tax (pay tax later) Contribution

I elect a _____% or a \$ _____ salary deferral contribution.

Roth (pay tax now) Contribution

I elect a _____% or a \$ _____ salary deferral contribution.

No. I don't want to save for retirement right now. I decline to make a salary deferral at this time.

I do not wish to contribute any additional catch up contributions.

IMPORTANT NOTE REGARDING CATCH-UP: If you are eligible to make catch up contributions and you do not wish to contribute the additional catch-up contribution, you must check the box indicating that you do not wish to contribute any additional catch up contributions. If you do not check this box and you are eligible to make catch up contributions, you are making an election to include catch up contributions as part of your contribution election. Please refer to your Summary Plan Description for an explanation of catch-up contributions.

INVESTMENTS

Your contributions will be invested in your Plan's Qualified Default Investment that is selected by the Plans Investment Fiduciary.

You may change your deferral percent or your investment election 24 hours a day, 7 days a week using the Start Right mobile app or online at www.startright.bokf.com. Participant Service Representatives are available at 800-285-9559 to assist you Monday – Friday, 7:00 am – 5:00 pm, CST.

**BOK Financial will process your salary deferral and investment election requests in the order that they are received via paper, online at www.startright.bokf.com or if you contacted the Participant Services Group at 800-285-9559. Any subsequent request will supersede your current election.

This election authorizes the Plan Administrator to withhold the above deferral election and shall remain in effect until I revoke or timely change my election. I understand that I am solely responsible for directing the investment of my account. I further understand that my participation in the Plan is subject to the rules and regulations set forth in the Plan Document and that I am bound by the Plan's rules.

Participant Signature _____ Date _____

Plan Administrator Signature _____ Date _____

RETURN THIS FORM TO CTWS COMPENSATION & BENEFITS