



Personal Information

Plan Name: City of Seattle Voluntary Deferred Compensation Plan and Trust Plan ID: 0056120001
Name:
SSN: Date of Birth: Primary Phone:
Street Address:
City: State: ZIP:
Email:
How would you like to be contacted if additional information is required? Phone Email

Paperless Delivery Consent

Paperless Delivery: By providing your email address you are consenting to electronic (paperless) delivery of documents related to your retirement plan, e.g. - statements, confirmations, terms, agreements, etc. Check the box below if you would prefer to receive paper copies of the documents via US Mail to the address provided above.
I do NOT consent to Paperless Delivery. Please provide the documents related to my retirement plan via US Mail.

Contribution Instruction & Payroll Frequency

457(b) Pre-Tax \$ Payroll Frequency: Bi-Weekly
457(b) Roth* \$
Total \$
NOTE: Payroll deductions will start as soon as administratively possible in the following month.

Beneficiary Designation

IMPORTANT NOTES: 1) Allocations must total 100% for each category of beneficiary; and 2) If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%.

I have additional beneficiaries. If you want to designate more than 2 of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

Primary Beneficiary(ies) (Allocations must total 100%):

1. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:
2. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:

Contingent Beneficiary(ies) (Allocations must total 100%):

1. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:
2. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:

Spousal Consent (if applicable)

This section must be completed by your spouse if you are married and your spouse is not the sole primary beneficiary.

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Name (please print): _____

Spouse's Signature: _____ Date: _____

Funding Options**Investment Allocation Instructions**

_____% Vanguard Instl Target Retire 2015 Instl Fund
 _____% Vanguard Instl Target Retire 2020 Instl Fund
 _____% Vanguard Instl Target Retire 2025 Instl Fund
 _____% Vanguard Instl Target Retire 2030 Instl Fund
 _____% Vanguard Instl Target Retire 2035 Instl Fund
 _____% Vanguard Instl Target Retire 2040 Instl Fund
 _____% Vanguard Instl Target Retire 2045 Instl Fund
 _____% Vanguard Instl Target Retire 2050 Instl Fund
 _____% Vanguard Instl Target Retire 2055 Instl Fund
 _____% Vanguard Instl Target Retire 2060 Instl Fund
 _____% Vanguard Instl Target Retire 2065 Instl Fund
 _____% Vanguard Instl Target Retire Income Instl Fund

International

_____% American Funds Europacific Growth R6
 _____% Dodge & Cox International Stock
 _____% Vanguard Total Intl Stock Index Instl

Small Cap

_____% Artisan Small Cap Institutional
 _____% Vanguard S&P Small-Cap 600 Index I
 _____% Victory Sycamore Small Company
 Opportunity Fund

Mid Cap

_____% AMG TimesSquare Mid Cap Growth Z
 _____% American Century Mid Cap Value R6
 _____% Vanguard S&P Mid-Cap 400 Index I

Large Cap

_____% American Funds Growth Fund of America R6
 _____% Calvert Equity Investment Fund R6
 _____% Dodge & Cox Stock
 _____% Fidelity Contrafund
 _____% Vanguard Institutional Index Fund Instl Plus
 _____% Vanguard Total Stock Market Index Fund Instl

Fixed Income

_____% Legg Mason BW Global Opportunities Bd I
 _____% PIMCO Total Return Instl
 _____% Vanguard Total Bond Market Index Instl

Specialty

_____% Principal Diversified Real Asset Instl

Fixed/Cash/Other

_____% Galliard Stable Value
 _____% SMCU Accumulator Account

100 % Total for both columns must equal 100%¹

¹ If the total investment option percentage is greater than 100%, your contributions will be allocated 100% to the Plan's default option. If the total investment option allocation percentage equals less than 100%, the remaining percentage will be allocated to the Plan's default option, the Vanguard Target Date Retirement Fund closest to the year you turn age 65.

Authorization

- Please send me a copy of the prospectus(es).
 Please contact me regarding transferring my other pre-tax retirement plans.

I hereby elect the deferral amount stated above. I understand my deferral election will continue until elected otherwise. The deferrals will be allocated to the funding options in the percentages indicated above. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

I have read and understand the Memorandum of Understanding. I accept these terms and understand that these statements do not cover all the details of the Plan or products.

Signature: _____ Date: _____

Retirement Specialist Name (Print): _____ Agent #: _____

Form Return

By mail: Nationwide Retirement Solutions
 PO Box 182797
 Columbus, OH 43218-2797
 NRF-0416WA-SW.4 (06/2021)

By fax: 1-877-677-4329

By email: rpublic@nationwide.com

For help, please call 1-855-550-1757

cityofseattledeferredcomp.com



The City of Seattle Voluntary Deferred Compensation Plan Memorandum of Understanding

Page 3 of 4

The purpose of the Memorandum of Understanding is to make you aware of some of the highlights, restrictions and costs of your plan. It is not intended to cover all aspects of the plan and should not be relied upon in making decisions about plan benefits.

I understand and acknowledge the following:

1. The maximum annual contribution amount to all 457(b) plans is the lesser of the maximum annual 457(b) contribution limit or 100% of my includable compensation. This amount may be adjusted annually. If you have questions about the maximum contributions limits, they can be found at irs.gov. Under certain circumstances, additional amounts above the limit may be contributed in the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of the Plan's Normal Retirement Age and did not contribute the maximum amount to the 457(b) Plan in prior years. The Plan Document provides additional details about contribution limits. Contributions in excess of maximum amounts are not permitted and will be reported as taxable income when refunded. It is my responsibility to ensure my contributions to all 457(b) plans in which I participate regardless of employer do not exceed the annual limit.
2. It is my responsibility to adjust my contribution amount to comply with applicable limits. If my Plan Sponsor directs, excess deferrals will be returned to me and reported on IRS tax Form 1099-R. I acknowledge that it is my responsibility to make sure my total contributions, including any 457(b), 403(b), and/or 401(k) Plan contributions, including designated Roth contributions, fall within the specified limits. A Nationwide Retirement Solutions, Inc. ("NRS") representative can provide assistance in determining my contribution limits.
3. As opposed to the withdrawal of earnings on pre-tax contributions, the earnings on designated Roth contributions are generally not subject to future taxes as long as the distribution from the Roth account satisfies the requirements to be a "qualified distribution." Qualified distributions cannot be made within five years of the first designated Roth contribution to this plan, and must be made on or after the attainment of age 59½, on or after the participant's death, or the participant's disability. If the participant previously established another designated Roth account in another plan and is able to roll the funds from this plan to the other plan, the five-year period would begin to run from the date of the first contribution to the first designated Roth account. A non-qualified Roth distribution may result in a 10% penalty for early withdrawal of that portion of the distribution that is includable in gross income, if made from rollovers to this Plan from a qualified plan like a 403(b) plan, unless a regulatory exception applies. Please note that once made, contributions and/or rollovers to a designated Roth account may not be reversed. In the event you wish to make changes, only future contributions and/or rollovers can be redirected.
4. I may withdraw funds from the Plan only upon separation from service; at age 70½ (if the Plan allows; upon an unforeseeable emergency approved by the Plan, when taking a loan, if permitted by the Plan; or, I may take a one-time in-service withdrawal if my account value is \$5,000 or less (as adjusted) and I have not contributed to the Plan for two or more years. In some cases, withdrawal for purchase or repayment of service credits in a Governmental Defined Benefit Plan may be permitted. Additionally, funds may be withdrawn upon my death. All withdrawals of funds must be in compliance with the Internal Revenue Code (the "Code") and applicable regulations as expressed in the Plan Document.
5. I must contribute a minimum of \$10 per pay to the Plan to satisfy minimum Plan requirements.
6. Contributions, in the form of salary reductions, will be made until I notify NRS or my Plan Sponsor otherwise. Once notification is received, salary reductions will be changed as soon as administratively feasible.
7. My participation in the Plan is governed by the terms and conditions of the Plan Document. Fund prospectuses are available upon request at cityofseattlederredcomp.com or by calling 1-855-550-1757.
8. Generally, distributions from the Plan must begin no later than April 1 following the year I reach age 70½ (or age 72 if born after June 30, 1949). If I continue to work for this employer beyond age 70½ (or age 72 if born after June 30, 1949), generally, my distributions must begin no later than April 1 following the year I separate from service or retire. Please consult the plan document for further details. Normally, all pre-tax distributions are taxable as ordinary income and are subject to income tax in the year received. My distributions must be made in a manner that satisfies the minimum distribution requirements of Code section 401(a)(9), which currently requires benefits to be paid at least annually over a period not to extend beyond my life expectancy. Failure to meet minimum distribution requirements may result in my being subject to a 50% federal excise tax.
9. The funds in my accounts may be eligible for rollover to a traditional or Roth IRA or to another eligible retirement plan. The "Special Tax Notice Regarding Plan Payments" provides detailed information about my options. Due to important tax consequences related to distributions, I have been advised to consult a tax advisor. I expressly assume the responsibility for tax consequences relating to any distribution, and I agree that neither the Plan nor the Administrative Services Provider shall be responsible for those tax consequences.
10. Underlying investment options may be periodically changed or restricted.
11. NRS will permit participants and beneficiaries to exchange amounts among the Variable and Fixed investment options as frequently as permitted by the Plan, subject to the limits and rules set by each Fund and the Contract. Changes may be made by calling 1-855-550-1757 or logging on to cityofseattlederredcomp.com. Options for investments may vary by the source of the money invested.
12. If I select an investment option that is closed or unavailable, I agree that the money will be placed into the Vanguard Target Date Retirement Fund closest to the year I turn age 65, which is the default investment option. I agree if I elect a total investment allocation percentage that is less than 100%, the difference will be invested in the Vanguard Target Date Retirement Fund closest to the year you turn age 65. If I elect a total investment allocation percentage greater than 100%, my contributions will be allocated 100% to the Plan's default option.
13. The Plan may have a fee for Plan Administration and or investment management fees, depending on the mutual funds in which I invest. For more information, please call 1-855-550-1757.
14. Any beneficiary designation I made on this form will supersede any prior beneficiary designation and shall become effective on the date accepted by the Plan, provided that this designation is accepted by the Plan prior to my death. Further, any benefits payable at my death shall be paid in substantially equal shares to my beneficiaries unless I specify otherwise. My death benefits will be paid first to my Primary Beneficiaries. If any of my Primary Beneficiaries predecease me, then my death benefits will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid as set forth in the Plan Document. If I participate in a 457(b) plan administered by NRS, I understand my beneficiary designations made on this form will apply to both plans unless I have indicated otherwise.

15. All telephone exchange requests will be recorded for the participant's protection.
16. Transfers between investment options are provided for under the Plan subject to limitations or restrictions (including redemption fees), if any, as imposed by the investment providers. I understand that any information regarding limitation or restrictions as they apply to the Plan may be obtained from the Plan Administrator.
17. If applicable, I understand that no changes will be effective until they are processed by NRS.
18. The earliest your enrollment or contribution change can start is the first day of the month following your completed request. Please remember, your employer's processing schedule will determine the actual effective date of the contribution. It is the Plan Sponsor's/ Pay Center's responsibility to ensure deferrals do not commence too early.

Galliard Stable Value Fund

The interest rate credited to accounts under the Galliard Stable Value Fund changes on a daily basis. Neither the interest rate nor the principal are guaranteed. I understand my elections to exchange (transfer) past contributions from the Galliard Stable Value Fund to any other fixed income option or bond fund option may be restricted. The Galliard Stable Value fund is a bank collective fund, trusted by Norwest Bank of Minnesota, N.A. and managed by Galliard Capital Management, a wholly owned subsidiary of Norwest Bank of Minnesota, N.A. Mutual fund products and the Galliard Stable Value fund are not FDIC insured, are not deposits or other obligations of, or guaranteed by any bank, and are subject to investment risk.

Consent to Paperless Delivery and Access

By providing your email address here, you are agreeing and consenting to receive and view plan benefit statements, correspondence and confirmations, and other communications electronically. These materials will be provided through an e-mail message notifying you that electronic documents are available online for you to view and print. This replaces all written communication associated with your Retirement Plan(s) serviced by Nationwide and you will no longer receive these documents via US Mail. By providing your consent to paperless delivery, you are acknowledging and confirming that you are consenting to receive Plan Communications electronically, as they are now available or as they may be required or become available in the future and that you have access to view and print your documents electronically from the website and to save them from your computer or other electronic device. If you would like to receive the above referenced documents in paper form via US Mail you can do so by contacting Customer Service at 1-855-550-1757 and requesting paper. You may opt out of paperless delivery of your plan related documents at any time. There is no additional cost to receive documents in paper format via US Mail.

Your Right to Revoke Consent

You have the right to revoke your consent to receive documents electronically. Your consent shall be effective until you revoke it by changing your delivery preferences via Customer Service or on the website by selecting US Mail delivery.