



Arizona Public Safety Personnel Defined Contribution 457(b) Retirement Plan (PSPDCRP) Participation Agreement

Personal Information

Name: _____
Date of Birth: _____ SSN: _____
Employer: _____ Employer ID: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Work Phone: _____
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.

Deferral Election & Payroll Frequency

457(b) Pre-Tax \$ _____ OR _____% Payroll Frequency: Weekly Bi-Weekly Monthly
 Semi-Monthly
457(b) Roth \$ _____ OR _____%
Start Contribution On (Pay Period): _____
Total \$ _____ OR _____%

Enroll me in asset rebalancing I agree to comply with and be bound by the terms and conditions of the service including any restrictions imposed by the investment options. I understand I can obtain more information about the service, its terms and conditions by contacting the Nationwide Service Center.

Beneficiary Designation

IMPORTANT NOTES:

- Beneficiaries listed below will replace any prior designation
- Allocations must total 100% for each category of beneficiary
- 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) (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) (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: _____

Funding Options

Pre-tax and Roth contributions will use the same investment election and allocation. If you wish to have different selections, contact the Service Center at 855-297-8228.

Target Date Funds

- _____% American Funds 2010 Target Date Retirement Fund - Class R6
- _____% American Funds 2015 Target Date Retirement Fund - Class R6
- _____% American Funds 2020 Target Date Retirement Fund - Class R6
- _____% American Funds 2025 Target Date Retirement Fund - Class R6
- _____% American Funds 2030 Target Date Retirement Fund - Class R6
- _____% American Funds 2035 Target Date Retirement Fund - Class R6
- _____% American Funds 2040 Target Date Retirement Fund - Class R6
- _____% American Funds 2050 Target Date Retirement Fund - Class R6
- _____% American Funds 2050 Target Date Retirement Fund - Class R6
- _____% American Funds 2055 Target Date Retirement Fund - Class R6
- _____% American Funds 2060 Target Date Retirement Fund - Class R6

Asset Allocation Funds

- _____% Galloway Portfolio Program High Risk Model
- _____% Galloway Portfolio Program Lower Risk Model
- _____% Galloway Portfolio Program Medium High Risk Model
- _____% Galloway Portfolio Program Medium Low Risk Model
- _____% Galloway Portfolio Program Medium Risk Model

Specialty

- _____% Calamos Market Neutral Income Fund - Class I
- _____% DFA Global Real Estate Securities Portfolio - Institutional Class
- _____% PIMCO CommodityRealReturn Strategy Fund - Institutional Class

International Stocks

- _____% Delaware Emerging Markets Fund - Institutional Class
- _____% EuroPacific Growth Fund - Class R6
- _____% Transamerica International Equity Fund - Class I
- _____% Vanguard Total International Stock Index Fund Admiral

Small Cap Stocks

- _____% Emerald Growth Fund - Institutional Class
- _____% Nuveen Small Cap Value Fund - Class I

Mid Cap Stocks

- _____% Hartford MidCap HLS Fund - Class IB
- _____% Vanguard Extended Market Index Fund Admiral
- _____% Victory Sycamore Established Value Fund - Class R6

Large Cap Stocks

- _____% ClearBridge Large Cap Growth Fund - Class I
- _____% Putnam Equity Income Fund - Class Y
- _____% Vanguard 500 Index Fund - Admiral
- _____% Vanguard Value Index Fund - Admiral
- _____% Vanguard Growth Index Fund - Admiral

Balanced

- _____% American Funds American Balanced Fund - Class R6

Bonds

- _____% Baird Core Plus Bond Fund - Institutional
- _____% BlackRock Inflation Protected Bond Fund - Institutional
- _____% PGIM High Yield Fund - Class Z
- _____% The Hartford World Bond Fund - Class R6

Short-Term Investments

- _____% Nationwide Fixed Fund

100 % Total for both columns must equal 100%¹

NOTE: If the total investment option allocation percentage equals less than 100%, the difference will be invested in the default investment selected by the plan. If the total investment option percentage is greater than 100%, your application will be rejected and your Participation Agreement will not be processed.

Authorization

- Please send me a copy of the Informational Brochure/Prospectus(es).
- Please contact me regarding transferring my other pre-tax retirement plans.
- Please send me forms regarding the Catch-up Provisions

I authorize my employer to reduce my salary by the above amount which will be credited to the plan. The reduction will continue until otherwise authorized in accordance with the plan. The withholding of my contributed amount by my employer and its payment to the designated investment option(s) will be reflected as early as administratively practicable but not earlier than the first calendar month following the execution of this Participation Agreement. The reduction is to 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 EACH OF THE STATEMENTS ON THE FRONT AND BACK OF THIS FORM, WHICH ARE INTENDED TO COMPLY WITH SECTION 457 OF THE INTERNAL REVENUE CODE. 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

By fax: 877-677-4329
By email: rpublic@nationwide.com

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Arizona Public Safety Personnel Defined Contribution 457(b) Retirement Plan (PSPDCRP) Memorandum of Understanding

Page 5 of 6

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:

457(b) Plans

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 includible compensation. This amount may be adjusted annually. If you have questions about the maximum contributions limits, they can be found at www.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 59 ½, 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 includible 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 72 (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 \$20 per month or \$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. Once notification is received, salary reductions will be changed as soon as administratively feasible.
7. Contributions will be invested as soon as administratively feasible upon receipt from the Plan Sponsor.
8. My participation in the Plan is governed by the terms and conditions of the Plan Document. Fund prospectuses are available upon request at psprsdcrplan or by calling 855-297-8228.
9. In general, distributions from the Plan must begin no later than the 1st of April following the later of the year I reach age 72 or separate from service. 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.
10. 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.
11. Underlying investment options may be periodically changed or restricted.
12. 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 855-297-8228 or logging on to psprsdcrplan.com. Options for investments may vary by the source of the money invested.
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 855-297-8228 .
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 both a 457(b) plan and a 401(a) plan administered by NRS.
15. I must notify NRS of any address changes, beneficiary changes, contribution changes, allocation changes or errors on my account statement.
16. I will receive a statement of my account quarterly.

17. All telephone exchange requests will be recorded for the participant's protection.
18. 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.
19. If applicable, I understand that no changes will be effective until they are processed by NRS.
20. 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.

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 U.S. 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 U.S. Mail you can do so by contacting Customer Service at 855-297-8228 and request 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 U.S. Mail.

Changing your Email Address and Paperless Delivery Preferences

You are able to update your e-mail address or change your Paperless Delivery Preferences anytime either on the web site or via Customer Service.

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.