Nationwide®

Annexus Management Company, LLC 401(k) Plan
Enrollment Form and Change Request

1. Plan Information

Plan Name: Annexus Management Company, LLC 401(k) Plan   Plan ID: 0061488001

2. Participant Information

Name: ______________________ SSN: ______________

Street Address: ______________________

City: ______________________ State: __________ Zip: __________

Date of Birth: ______________ Phone: ______________

Email: ______________________

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.**

3. Contribution Election or Change Amount (do not complete for 401(a) plans)

I elect to participate and contribute the amount stated below. (Complete either dollar amounts or percentages, not both)

If you do not wish to participate, enter 0 in the Total Deferral field and complete the rest of this form.

Pre-Tax Deferral: $__________ **OR** _____%

Roth After Tax Deferral: $__________ **OR** _____%

Total Deferral: $__________ **OR** _____%

4. Beneficiary Designation (replaces any prior designation)

☐ **Check here if this is a change of beneficiary.** (Beneficiaries listed below replace any prior designation)

NOTE: Percentage split 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%.

If additional space for beneficiaries is required, attach additional sheets and mark this box: ☐

Primary Beneficiary(ies) (must total 100%): If married, your spouse must be the only primary beneficiary unless your spouse consents to the beneficiary designation in the next section.

1. **Full Name:** ______________________ Allocation: ______%
   Relationship: ______________ SSN: ______________ Date of Birth: ______________
   Address: ______________________ Phone: ______________
2. **Full Name:** ______________________ Allocation: ______%
   Relationship: ______________ SSN: ______________ Date of Birth: ______________
   Address: ______________________ Phone: ______________
3. **Full Name:** ______________________ Allocation: ______%
   Relationship: ______________ SSN: ______________ Date of Birth: ______________
   Address: ______________________ Phone: ______________
4. **Full Name:** ______________________ Allocation: ______%
   Relationship: ______________ SSN: ______________ Date of Birth: ______________
   Address: ______________________ Phone: ______________

4. Beneficiary Designation (continued - replaces any prior designation)

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: ______________
3. **Full Name:** ______________________ Allocation: ________%
   Relationship: ______________ SSN: ______________ Date of Birth: ______________
   Address: ______________________ Phone: ______________
4. **Full Name:** ______________________ Allocation: ________%
   Relationship: ______________ SSN: ______________ Date of Birth: ______________
   Address: ______________________ Phone: ______________

5. Spousal Consent (required if you're married and designate less than 100% to your spouse)

If married, your spouse must sign, acknowledging the Disclosure Statement below. Additionally, your spouse's signature must be witnessed by the Plan Sponsor or a Notary.

☐ Not Applicable – I certify I am not married.

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 Information:

Printed Name: ______________________

Signature: ______________________ **Date:** ______________

Witnessed by Plan Sponsor:

Signature: ______________________ **Date:** ______________

Witnessed by Notary:

State of ______________, in the county of ______________, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced ______________ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on ______________ (mm/dd/yyyy).

Notary Information:

Printed Name: ______________________

Signature: ______________________

Date: ______________________

My commission expires: ______________________

NOTARY SEAL/STAMP

6. Investment Fund Allocation Election (select your investments below)

Lifetime Income

______% NCIT American Funds Lifetime Income Builder Target Date Series

Asset Allocation - Income America 5ForLife Funds

______% Income America 2025 Fund (5ForLife)
______% Income America 2040 Fund (5ForLife)
______% Income America 2045 Fund (5ForLife)
______% Income America 2050 Fund (5ForLife)
______% Income America 2055 Fund (5ForLife)
______% Income America 2060 Fund (5ForLife)
______% Income America 2065 Fund (5ForLife)
______% Income America 2070 Fund (5ForLife)
______% Income America In Retirement Fund 5ForLife

Asset Allocation

______% State Street Target Retirement 2020 Fund (Class K)
______% State Street Target Retirement 2025 Fund (Class K)
______% State Street Target Retirement 2030 Fund (Class K)
______% State Street Target Retirement 2035 Fund (Class K)
______% State Street Target Retirement 2040 Fund (Class K)
______% State Street Target Retirement 2045 Fund (Class K)
______% State Street Target Retirement 2050 Fund (Class K)
______% State Street Target Retirement 2055 Fund (Class K)
______% State Street Target Retirement 2060 Fund (Class K)
______% State Street Target Retirement 2065 Fund (Class K)
______% State Street Target Retirement Fund (Class K)

International

______% EuroPacific Growth Fund® (Class R6)
______% Fidelity Emerging Markets Index Fund

Small Cap

______% Fidelity Small Cap Index

Mid Cap

______% Fidelity Mid Cap Index

Large Cap

______% Fidelity 500 Index
______% Harbor Capital Appreciation Fund (Institutional Class)
______% JPMorgan Equity Income (Class R6)

Bonds

______% Metropolitan West Funds (Total Return Bond Fund) (Class I Shares)
______% PIMCO Income Fund (Institutional Class)

Fixed Assets/Cash

______% Morley Stable Value Fund 25-I
______% Vanguard Federal Money Market Fund (Investor Class)

__100__% **Total for both columns must equal 100%**[1]

[1] The allocation of your funding options must be in whole percentages. If allocations do not total 100%, the unallocated portion will be invested into the plan's default investment option.

☐ **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 at 833-268-7080.

7. Authorization

I hereby elect the deferral amount (if applicable) and investment fund allocation stated above. I understand my deferral election and investment allocation will continue until elected otherwise. Some mutual funds may impose a short-term trading fee and/or purchase block. Investing involves market risk, including possible loss of principal. No investment strategy or program can guarantee a profit or avoid loss. Before investing you should read the fund prospectuses carefully. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature: ______________________________ **Date:** ____________________

8. Form Return

By mail: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

By fax: 1-877-677-4329

By email: rpublic@nationwide.com