



1. Plan Information

Plan Number: 0064909001 Plan Name: George Fox University

Plan Type: 403(b)

2. Participant Information

Name: SSN:

Street Address:

City: State: Zip:

Date of Birth: Phone:

Email:

3. 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.

4. Contribution Election or Change Amount

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 %

5. Beneficiary Designation (replaces any prior designation)

IMPORTANT NOTES: 1) Allocations must total 100% for each category of beneficiary, 2) If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%; and 3) If married, your spouse must be the only primary beneficiary unless your spouse consents to the beneficiary designation in the next section.

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:

3. Full Name: Allocation: %

Relationship: SSN: Date of Birth:

Address: Phone:

4. Full Name: Allocation: %

Relationship: SSN: Date of Birth:

Address: Phone:

5. 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: _____

6. 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 and/or the plan does not require spousal consent.

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:

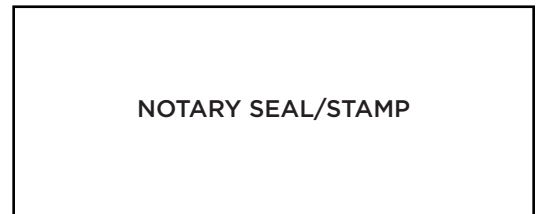
Signature: _____ **Date:** _____

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: _____



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

Asset Allocation

- _____ % Vanguard Target Retirement Income Investor
- _____ % Vanguard Target Retirement 2020 Investor
- _____ % Vanguard Target Retirement 2025 Investor
- _____ % Vanguard Target Retirement 2030 Investor
- _____ % Vanguard Target Retirement 2035 Investor
- _____ % Vanguard Target Retirement 2040 Investor
- _____ % Vanguard Target Retirement 2045 Investor
- _____ % Vanguard Target Retirement 2050 Investor
- _____ % Vanguard Target Retirement 2055 Investor
- _____ % Vanguard Target Retirement 2060 Investor
- _____ % Vanguard Target Retirement 2065 Investor
- _____ % Vanguard Target Retirement 2070 Investor

International

- _____ % Fidelity Total International Index
- _____ % MFS International Diversification (R6)

Specialty

- _____ % Fidelity Real Estate Index

Small Cap

- _____ % DFA US Targeted Value (Institutional)
- _____ % Fidelity Small Cap Index
- _____ % Hood River Small-Cap Growth Funds Retirement

Mid Cap

- _____ % Allspring Special Mid Cap Value (R6)
- _____ % Fidelity Mid Cap Index
- _____ % MFS Mid Cap Growth (R6)

Large Cap

- _____ % Fidelity 500 Index
- _____ % JPMorgan Large Cap Growth (R6)
- _____ % Vanguard Equity-Income Admiral

Bonds

- _____ % Fidelity U.S. Bond Index
- _____ % Fidelity® Short-Term Bond Index
- _____ % Sterling Capital Total Return Bond (R6)

Short Term

- _____ % Nationwide True Flex Fixed 403(b)

100 % Total for both columns must equal 100%¹

¹The 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, the Vanguard Target Date Retirement Series.

Enroll me in quarterly 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.

8. 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: _____

9. Form Return

By Mail: Nationwide Retirement Plans
PO Box 182797
Columbus, OH 43218-2797

By Fax: 877-677-4329