



Marin County
Part Time/Seasonal/Temporary Employees
 PST / OBRA Participation Agreement
 and Service Request

Personal Information

Select Action: New Enrollment Re-Enrollment Change of Address Beneficiary Change Name Change

Plan Name: Marin County PST/OBRA Plan ID: 0041557002

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

The employer has established a deferred compensation plan for the benefit of its employees. The plan provides that eligible employees may elect to join and become a participant in the plan (subject to the limitations established in the plan of the employer) upon executing and filing a participation agreement with the employer. The employer and employee agree to the following:

1. Employer will provide employee with a current copy of the plan.
2. Employee shall become a participant, and shall defer payments pursuant to the plan so that the annual deferral shall not be less than 7.5% of wages as defined in Section 3121(a) and 3121(v) of the Internal Revenue Code, nor more than the annual maximum permitted under IRC Section 457.
3. Employee agrees all rights to the deferred compensation shall be governed by the terms and conditions of the Plan.

Deferral Election and Investment Election

PST Plan (457b) Pre-Tax: _____ %

Payroll Frequency: Bi-Weekly

Fund Name	Allocation
Galliard Stable Value Fund	100%

Beneficiary Designation (will replace any prior 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, the allocation will be designated as 100%.

I have additional beneficiaries. If you want to designate more than two 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 the participant's spouse is not designated as the sole primary beneficiary, the spouse must sign consent.

Consent of Spouse: Being the participant's spouse, I hereby consent to the above designation.

Spouse Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Authorization

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. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

Participant Signature: _____ **Date:** _____

Authorized Signature/Employer: _____ **Date:** _____

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