
County of San Diego Participation Agreement for 457(b) Deferred Compensation Plan



Things to Remember

- Complete all of the sections on the Participation Agreement that apply to your request.
- Remember to have your funding options total 100%, in whole percentages, when completing the Funding Options section.
- Complete the Authorization section, and remember to sign and date this Participation Agreement.
- Enclose the completed Participation Agreement, and any other documentation in the business reply envelope included with this booklet.
- Pre-tax and Roth contributions will use the same investment election and allocation. If you wish to have different investment elections and/or allocations, call us at 1-888-DC4-LIFE (888-324-5433).
- 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 are distributions which are made five years or more after January 1st of the first year that you made a Roth contribution to this plan, and must be made on or after the attainment of age 59 ½, your death, or due to your disability. If you previously established another designated Roth account in another plan and roll the funds from this plan to the other plan, the five-year period will begin from the date of the first contribution to the first designated Roth account. A non-qualified Roth distribution may result in an additional 10% early withdrawal tax on the earnings portion of the Roth distribution unless an exception applies. Please note that once made, contributions and/or rollovers to a designated Roth account are irrevocable. In the event you wish to make changes, only future contributions and/or rollovers can be redirected.



County of San Diego Participation Agreement for 457(b) Deferred Compensation Plan

Personal Information

Name:	Social Security Number:
Address:	City, State, & Zip Code:
Date of Birth:	Work Phone Number:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone Number:
Email Address:	
Plan Name: County of San Diego Deferred Compensation Plan	Plan Number: 0046649001
Plan Address: County of San Diego Deferred Compensation Plan, 1600 Pacific Highway, Room 102, San Diego, CA 92101	
Payroll Center (Select One): <input type="checkbox"/> County of San Diego <input type="checkbox"/> San Diego Superior Court	

Paperless Delivery Consent

Paperless Delivery: By providing your email address you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically. Unless you choose to have statements, account documents and other documents sent in connection with your retirement plan delivered via US Mail to the mailing address of record by checking the box below, these documents will be made available to you electronically. **I wish to receive my statements and account documents via US Mail.**

Contribution Election

Contributions - 457(b) Pre-Tax		The minimum contribution amount is a total of \$10. Payroll Frequency: Bi-Weekly
Contributions - 457(b) After-Tax Roth*		
Total		

*Contributions to Roth are made on an after-tax basis. Your plan only allows whole dollars to be contributed. For example, \$423.08 should be written as \$423.

Beneficiary Designation

Check here if this is a change of beneficiary. (Beneficiaries listed below supercede any prior designation)
PLEASE NOTE: Percentage split must total 100% for each category of beneficiary.
If additional space for beneficiaries is required, attach additional sheets and mark this box:

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

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Contingent Beneficiary(ies) (must total 100%): **Total = 100%**

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Total = 100%

Spousal/Domestic Partner Beneficiary Disclosure

Note: If you are married or in a registered domestic partnership and do not name your spouse/partner as at least fifty percent (50%) primary beneficiary, you should have your spouse/partner sign below.

I hereby consent to the foregoing designation of beneficiary(ies):

Spouse's/Registered Domestic Partner's Signature:	Date:
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Funding Options (for New Enrollments or Fund Allocation Changes only)

Pre-tax and Roth contributions will use the same investment election and allocation. If you wish to have different investment elections and/or allocations contact a Customer Service Representative at 1-888-DC4-LIFE (1-888-324-5433).

Balanced/Asset Allocation		Mid Cap Value	
_____ %	American Funds - American Balanced Fund (Class R4)	_____ %	T. Rowe Price Mid Cap Value Fund
_____ %	Target Date Fund 2005		
_____ %	Target Date Fund 2010	_____ %	Blend Dreyfus Mid Cap Index Fund
_____ %	Target Date Fund 2015	_____ %	Fidelity Low Priced Stock Fund
_____ %	Target Date Fund 2020		
_____ %	Target Date Fund 2025		
_____ %	Target Date Fund 2030	_____ %	Growth Hartford Midcap HLS Fund (Class IA)
_____ %	Target Date Fund 2035		
_____ %	Target Date Fund 2040		
_____ %	Target Date Fund 2045	_____ %	Small Cap Value Wells Fargo Small Cap Value Fund (Institutional Class)
_____ %	Target Date Fund 2050		
_____ %	Target Date Fund 2055		
_____ %	Target Date Fund 2060		
	Global/Foreign/International		
_____ %	EuroPacific Growth Fund (Class R4)	_____ %	Blend Vanguard Small Cap Index Fund (Institutional Class)
_____ %	Oppenheimer Developing Markets Fund (Class Y)	_____ %	Growth T. Rowe Price New Horizons Fund, Inc.
	Large Cap Value		
_____ %	Hartford Dividend & Growth HLS Fund (Class IA)	_____ %	Government Bond/Corporate Bond Columbia High Yield Bond Fund (Class R4)
		_____ %	Metropolitan West Total Return Bond Fund (Class M)
	Blend		
_____ %	Columbia Contrarian Core Fund (Class R5)		
_____ %	Vanguard Institutional Index Fund	_____ %	Other/Specialty Nuveen Real Estate Securities Fund
	Growth		
_____ %	MFS Growth Fund (Class R4)	_____ %	Money Market/Stable Value Stable Value Fund
		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 Target Date Fund based upon my year of birth.

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

Authorization

I hereby elect the contribution amount stated above. I understand my contribution will be effective the first pay period of the month following receipt by the Administrative Service Provider and will continue until otherwise authorized in accordance with the Plan. The contributions will be allocated to the funding options in the percentages elected above. I have read and understand the terms contained in this form. I accept these terms and understand that these terms do not cover all the details of the Plan or products.

Participant Signature:	Date:
Retirement Specialist Name:	Agent Number:

Please return your completed application to: Nationwide Retirement Solutions
P.O. Box 182797
Columbus, OH 43218-2797
Fax Number: 1-877-677-4329



Memorandum of Understanding

1. I understand that my participation in the Plan is governed by the terms and conditions of the Plan Document. The product information brochure and fund prospectuses are available at www.myDCplan.com or upon request by calling 1-888-DC4-LIFE (888-324-5433).
2. 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.
3. I understand that no changes will be effective until they are processed by the Administrative Services Provider.
4. I understand I must contribute a minimum of \$10 per pay into the Plan to satisfy minimum plan requirements. Your plan only allows whole dollars to be contributed. For example, \$423.08 should be written as \$423 or 423.00.
5. The maximum annual contribution amount to all 457(b) plans is the lesser of \$18,000 or 100% of includible compensation. This amount may be adjusted annually. Additional amounts above the limit may be contributed to the Plan if (1) I am age 50 or older during the current calendar year, or (2) I am within the three years prior to my Normal Retirement Age and I did not contribute the maximum amount in prior years. Contributions in excess of maximum amounts are not permitted and will be considered taxable income when refunded. It is my responsibility to ensure my contributions do not exceed the annual limit.
6. 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 Target Date Fund based upon my year of birth.

<u>Birth Date/Year Range</u>	<u>Fund</u>
1993-1998	Target Date Fund 2060
1988-1992	Target Date Fund 2055
1983-1987	Target Date Fund 2050
1978-1982	Target Date Fund 2045
1973-1977	Target Date Fund 2040
1968-1972	Target Date Fund 2035
1963-1967	Target Date Fund 2030
1958-1962	Target Date Fund 2025
1953-1957	Target Date Fund 2020
1948-1952	Target Date Fund 2015
1943-1947	Target Date Fund 2010
1942 and on	Target Date Fund 2005

7. I understand that I may make changes among the investment options within my account, but any changes may be subject to restrictions. Changes may be made by calling 1-888-DC4-LIFE (888-324-5433) or by logging on to www.myDCplan.com.
8. I understand that all amounts contributed to the Plan and earnings on those amounts contributed are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries.
9. I understand that any beneficiary designation I made on this form will supercede any prior beneficiary designation and shall become effective on the date accepted by the Administrative Services Provider, provided that this designation is accepted by the Administrative Services Provider prior to my death. 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.
10. All 457(b) contributions are subservient to required taxes. The payroll center is only able to take the full amount of the contribution or they will not take any contribution amount.

Memorandum of Understanding

11. I may withdraw funds from the Plan only upon severance from employment; disability retirement; at age 70 1/2; upon an unforeseeable emergency approved by NRS and/or my employer; or I may take a one-time election to receive a small amount 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. Withdrawal for purchase or repayment of service credits in a Governmental Defined Benefit Plan may also be permitted. Additionally, funds may be withdrawn upon my death. All withdrawals of funds must be in compliance with the Internal Revenue Code, applicable regulations, and the Plan Document.
12. 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 are distributions which are made five years or more after January 1st of the first year that you made a Roth contribution to this plan, and must be made on or after the attainment of age 59 1/2, your death, or due to your disability. If you previously established another designated Roth account in another plan and roll the funds from this plan to the other plan, the five-year period will begin from the date of the first contribution to the first designated Roth account. A non-qualified Roth distribution may result in an additional 10% early withdrawal tax on the earnings portion of the Roth distribution unless an exception applies. Please note that once made, contributions and/or rollovers to a designated Roth account are irrevocable. In the event you wish to make changes, only future contributions and/or rollovers can be redirected.
13. My distributions from the Plan must begin no later than the April 1st following the later of the year I reach 70 1/2 or have a severance from employment (including retirement). All pre-tax distributions are taxable as ordinary income and are subject to income tax in the year received. A non-qualified Roth distribution may result in an additional 10% early withdrawal tax on the earnings portion of the Roth distribution unless an exception applies. My distributions must be made in a manner that satisfies the minimum distribution requirements of Internal Revenue 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 a 50% federal excise tax on the amount of the required minimum distribution.
14. The funds in my account may be eligible for rollover to a traditional or Roth IRA or to an 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 am 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.

INVESTMENT OPTIONS

1. I understand that the Net Asset Value of a mutual fund changes on a daily basis and that there is no guarantee of principal or investment return.
2. I have received and reviewed the participating fund prospectus and/or been provided a contact phone number to obtain the fund prospectus.
3. I understand that pursuant to the Plan Document, contributions will be invested per my selection of funding options specified on the Participation Agreement or as otherwise amended.
4. I understand some mutual funds may impose a short-term trading fee and/or purchase block. (Please read the fund prospectuses carefully.)

MUTUAL FUND PAYMENTS DISCLOSURE

Nationwide Retirement Solutions, Inc. and its affiliates (Nationwide) offer a variety of investment options to public sector retirement plans through variable annuity contracts and trust or custodial accounts. Nationwide may receive service fee payments from mutual funds or their affiliates in connection with the processing of transactions and distribution of those investment options. For more detail about the service fee payments Nationwide may receive, please visit www.nrsforu.com.

ENDORSEMENT DISCLOSURE

Nationwide Retirement Solutions, Inc. and Nationwide Life Insurance Company have endorsement relationships with the National Association of Counties, United Conference of Mayors, International Association of Firefighters-Financial Corporation, and the National Association of Police Organizations. More information about the endorsement relationships may be found online at www.myDCplan.com.

Memorandum of Understanding

CONSENT TO PAPERLESS DELIVERY AND ACCESS

By providing your email address on this form, 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 email 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 1-888-DC4-LIFE 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 U.S. Mail.

CHANGING YOUR EMAIL ADDRESS AND YOUR PAPERLESS DELIVERY PREFERENCES

You are able to update your email address or change your Paperless Delivery Preferences anytime either on the website 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 U.S. Mail delivery.

