



Personal Information

Form with fields for Plan Name, Plan ID, Name, Date of Hire, SSN/Account Number, Date of Birth, Street Address, City, State, ZIP, Primary Phone, Email, Payroll Center, and contact preference.

Paperless Delivery Consent

Paperless Delivery: By providing your email address you are consenting to electronic (paperless) delivery of documents related to your retirement plan...

I do NOT consent to Paperless Delivery. Please provide the documents related to my retirement plan via U.S. Mail.

Participant Election

I hereby irrevocably elect to contribute to the Incentive Retirement Deferred Compensation Plan. I have received written information on the plan, and I understand the general requirements...

Election to Participate

Select one: 2.5% 5% 10% 15% 20% 25%

Beneficiary Designation

IMPORTANT NOTES:

- Allocations must total 100% for each category of beneficiary
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.

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

Form with two rows of fields for Name, Relationship, SSN, Phone, Address, Date of Birth, and % Allocation for primary beneficiaries.

**Beneficiary Designation (continued)**

**Contingent Beneficiary(ies)** (Allocations must total 100%):

Name:	Relationship:	SSN:	Phone:
Address:		Date of Birth:	% Allocation:
Name:	Relationship:	SSN:	Phone:
Address:		Date of Birth:	% Allocation:

**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 Signature:	Date:
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**Funding Options (for New Enrollments or Fund Allocation Changes only)**

<p style="text-align: center;"><u>Target Date</u></p> <p>_____% Target Date Fund 2065</p> <p>_____% Target Date Fund 2060</p> <p>_____% Target Date Fund 2055</p> <p>_____% Target Date Fund 2050</p> <p>_____% Target Date Fund 2045</p> <p>_____% Target Date Fund 2040</p> <p>_____% Target Date Fund 2035</p> <p>_____% Target Date Fund 2030</p> <p>_____% Target Date Fund 2025</p> <p>_____% Target Date Fund 2020</p> <p>_____% Target Date Fund 2015</p> <p>_____% Target Date Retirement Fund</p> <p style="text-align: center;"><u>International</u></p> <p>_____% Fidelity Total International Index Fund</p> <p>_____% MFS International Diversification Fund (Class R6)</p>	<p style="text-align: center;"><u>SMID Cap</u></p> <p>_____% Fidelity Extended Market Index Fund</p> <p>_____% Vanguard® Strategic Equity Fund (Investor Shares)</p> <p style="text-align: center;"><u>Large Cap</u></p> <p>_____% Fidelity 500 Index Fund</p> <p>_____% T. Rowe Price U.S. Structured Research-Extended Trust (Class E)</p> <p style="text-align: center;"><u>Bond</u></p> <p>_____% Fidelity U.S. Bond Index Fund</p> <p>_____% The Hartford Total Return Bond Fund (Class R6)</p> <p style="text-align: center;"><u>Specialty</u></p> <p>_____% Cohen &amp; Steers Institutional Realty Shares</p> <p style="text-align: center;"><u>Stable Value</u></p> <p>_____% Stable Value Fund</p> <p><b>100 % Total for both columns must equal 100%<sup>1</sup></b></p>
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<sup>1</sup>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 your year of birth.

## 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 hereby elect the contribution amount stated above. I understand my contribution will be effective the first pay period 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.

<b>Participant Signature:</b>	<b>Date:</b>
Retirement Specialist Name:	Agent Number:
<b>Plan Sponsor Signature:</b>	<b>Date:</b>

## Form Return

**By mail:**

County of San Diego  
 Deferred Compensation  
 1600 Pacific Highway, Room 102  
 San Diego, CA 92101

**NOTE:** This form cannot be submitted in person at this address.

**By email:** [DeferredComp@sdcounty.ca.gov](mailto:DeferredComp@sdcounty.ca.gov)

**By fax:** 1-619-531-4937

**By interoffice mail stop:** A-49

For assistance completing this form, please call 1-888-324-5433.



- 1. My employer sponsors a 401(a) Plan, which is administered by Nationwide Retirement Solutions (Nationwide). I have reviewed and understand this Memorandum and I have had the opportunity to contact Nationwide with questions regarding the terms of my participation within the Plan.
2. I understand that my participation in the 401(a) Plan is governed by the terms and conditions of the Plan Document(s). Fund prospectuses are available at www.myDCplan.com or upon request by calling 1-888-324-5433.
3. The Internal Revenue Code (Code) sets limits on the maximum amount that I may contribute to the Plan and other retirement accounts on an annual basis. This limit may be adjusted annually. It is my responsibility to adhere to these limits. Upon request, a Nationwide representative will assist me to determine my contribution limits.
4. If the total investment option percentage is greater than 100%, my 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.

Table with 2 columns: Birth Date/Year Range and Fund. Rows include ranges from 1999 and after to 1947 and before, mapping to various Target Date Funds and Retirement Funds.

- 5. I understand that the beneficiary designation I made on this form will supersede 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.
6. The Code and the Plan prescribe specific conditions that must be met in order to take a distribution from the Plan.
7. If I separate from service under the age of 55, I may incur an additional 10% early withdrawal tax on distributions until I am age 59½. Distributions due to death or disability, or taken after separation from service after the age of 55 may be exempt from the additional 10% early withdrawal tax.
8. Loans may be available. Please contact 1-888-324-5433 to obtain information about this option.
9. I may withdraw vested funds from the Plan only upon separation from employment, disability retirement, or at age 70½. 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 Code and applicable regulations, some of which are expressed in the Plan Document.
10. Generally, you must begin taking distributions from the Plan no later than April 1 following the year you reach age 73. If you continue to work for this employer beyond age 73, (75 for an individual who attains age 74 after December 31, 2032), generally, your distributions must begin no later than April 1 following the year you separate from service or retire. Please consult the Plan Document for additional information. All distributions are taxable as ordinary income and subject to income tax in the year received. You must take distributions in a manner that satisfies the minimum distribution requirements of Section 401(a)(9) of the Code, which currently requires benefits to be paid at least annually over a period not to extend beyond your life expectancy. Failure to meet minimum distribution requirements may result in the payment of a 25% federal excise tax.
11. If I receive a distribution on account of severance of employment, the amount may be eligible for rollover to a traditional IRA, Roth IRA, or to an eligible retirement plan. The "Special Tax Notice Regarding Plan Payments" provides detailed information about this option. 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 Nationwide shall be responsible for those tax consequences.
12. I understand that I may make changes among the investment options within my account, but any change may be subject to the restrictions of the Plan and/or the investment provider. Changes may be made by calling 1-888-324-5433 or logging on to www.myDCplan.com.
13. My enrollment will begin as soon as administratively possible. Please remember, the employer's processing schedule will determine the actual effective date of the contribution.

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 fund prospectus and/or been provided a contact phone number to obtain the fund prospectus.
3. I understand that pursuant to the Plan Document, deferred amounts 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 details about the service fee payments Nationwide may receive, please visit [www.nrsforu.com](http://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](http://www.myDCplan.com).

**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 available or as they may be required or become available in the future, and that you have access to view, save, and print your documents electronically from the website. 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 1-888-324-5433. 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.