



County of San Diego 401(a) Participation Agreement

Page 1 of 5

Personal Information

Plan Name: County of San Diego Deferred Compensation Plan		Plan ID: 0046649002	
Name:		Date of Hire:	
SSN/Account Number:		Date of Birth:	
Street Address:			
City:		State:	ZIP:
Primary Phone:		Email:	
Payroll Center (select one): <input type="checkbox"/> County of San Diego <input type="checkbox"/> San Diego Superior Court			
How would you like to be contacted if additional information is required? <input type="checkbox"/> Phone <input type="checkbox"/> Email			

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 U.S. Mail to the address provided above.

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

Participant Election

☐ Election to Participate

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, including the contribution (pre-tax) election. I understand that I must elect the amount of the contribution to the Plan (between 2.5% and 25% in the increments designated below), and I understand that my total contributions may not exceed current IRS limits. Once I elect this percentage it can never be changed. This election can only be made within the first 90 calendar days of my employment. After that time, my participation is waived. I elect to contribute the following percentage:

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. Allocations must still total 100% for each category.

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

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

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

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:

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

_____% Target Date Fund 2015

_____% Target Date Fund 2020

_____% Target Date Fund 2025

_____% Target Date Fund 2030

_____% Target Date Fund 2035

_____% Target Date Fund 2040

_____% Target Date Fund 2045

_____% Target Date Fund 2050

_____% Target Date Fund 2055

_____% Target Date Fund 2060

_____% Target Date Fund 2065

_____% Target Date Retirement Fund

International

_____% Invesco Developing Markets Fund - Y

_____% MFS International Diversification Fund - R4

Small Cap

_____% T. Rowe Price New Horizons Fund, Inc.

_____% Vanguard Small Cap Index Fund - Institutional

_____% Wells Fargo Special Small Cap Value Fund - Institutional

Mid Cap

_____% BlackRock Mid-Cap Growth Equity Fund - Institutional

_____% BNY Mellon Midcap Index Fund, Inc. - Investor

_____% MFS Mid Cap Value Fund - R6

Large Cap

_____% Columbia Contrarian Core Fund - Institutional 2

_____% Hartford Dividend and Growth HLS Fund - IA

_____% MFS Growth Fund - R4

_____% Vanguard Institutional Index Fund - Institutional Plus

Balanced

_____% American Funds - American Balanced Fund - R4

Bond

_____% Columbia High Yield Bond Fund - Advisor

_____% Metropolitan West Total Return Bond Fund - M

Specialty

_____% Cohen & Steers Institutional Realty Shares

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 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.

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

Form Return

By mail:

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

By email: 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.



County of San Diego Memorandum of Understanding

Page 4 of 5

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.

Birth Date/Year Range	Fund
1999 and after	Target Date Fund 2065
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
1947 and before	Target Date Retirement Fund

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, I must begin taking distributions from the Plan no later than April 1 following the year I reach age 72 (or age 70½ if born before July 1, 1949). If I continue to work for this employer beyond age 72 (or age 70½ if born before July 1, 1949), generally, my distributions must begin no later than April 1 following the year I 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. I 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 my life expectancy. Failure to meet minimum distribution requirements may result in the payment of a 50% 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.

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.

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.