



County of San Diego Incentive Retirement Deferred Compensation Plan 401(a) Participation Agreement

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:	Employment Date:
Plan Name: County of San Diego Incentive Retirement Plan	Plan Number: 0046649002
Payroll Center (Select One): <input type="checkbox"/> County of San Diego <input type="checkbox"/> San Diego Superior Court	

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:

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

Please remember to check your paystub to confirm your selected contributions are accurately reflected and being processed.

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

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

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

Authorization

I have read and understand the terms contained on the front and back of this form. I accept these terms and understand that these terms may and are not intended to cover all of the details and provisions of the Plan or products. Additionally, some mutual funds may impose a short-term trading fee and/or purchase block. Please read the applicable fund prospectuses carefully.

Participant Signature:	Date:
Retirement Specialist Name:	Retirement Specialist's Number:
Plan Sponsor Signature:	

Form Return

Mail: County of San Diego Deferred Compensation Plan Fax: 619-531-4937
 1600 Pacific Highway, Room 102
 San Diego, CA 92101



Memorandum of Understanding

1. My employer sponsors a 401(a) Plan, which is administered by Nationwide Retirement Solutions (NRS). I have reviewed and understand this Memorandum and I have had the opportunity to contact NRS 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 myDCplan.com or upon request by calling 1-888-DC4-LIFE (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 NRS representative will assist me to determine my contribution limits.
4. 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

5. 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.
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'm age 59 1/2. 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-DC4-LIFE (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 70 1/2. 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. My distributions must begin no later than April 1st following the later of the year I reach age 70 1/2 or have a severance of employment (including retirement). All distributions are taxable as ordinary income and subject to income tax in the year received. My distributions must be made in a manner that satisfies the minimum distribution requirements of 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 the payment of a 50% federal excise tax.

Memorandum of Understanding

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 NRS 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-DC4-LIFE (888-324-5433) or logging on to www.myDCplan.com.

13. Your enrollment will begin as soon as administratively possible. Please remember, your employer’s processing schedule

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 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.