



# County of San Diego Deferred Compensation Plan EZ Enrollment Form

## Enrollment Action Requested

**YES, I want to enroll today.** I want to contribute \$\_\_\_\_\_ per pay period (minimum \$10) into the County of San Diego Deferred Compensation Plan.  **Pre-Tax 457**  **Roth 457**

I acknowledge that I received a copy of the Memorandum of Understanding (MOU). I understand that contributions to my account will be invested in a Target Date fund closest to the year in which I turn 65 based upon the criteria contained within the MOU.

## Personal Information

Name:	SSN:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City, State, & ZIP:
Home Phone Number:	Work Phone Number:
Email Address:	
Payroll Center: <input type="checkbox"/> County of San Diego <input type="checkbox"/> San Diego Superior Court	

## Paperless Delivery

**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 US Mail to the address provided above.

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

## Beneficiary Designation

**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:	

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

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

## Authorization

I authorize my Employer to make the contributions to the Plan in the amounts I have designated above. The contribution will continue until otherwise authorized in accordance with the Plan. The withholding of my contribution amount by my Employer and its payment to the designated investment option(s) will be reflected in the first pay period contingent on the processing of this application by the Administrative Services Provider in conjunction with the set-up time required by my payroll center. The contribution is to be allocated to the funding options in the percentages indicated above. Some mutual funds may impose a short-term trading fee and/or purchase block. Please read the fund prospectuses carefully.

**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:
------------------------	-------

## Funding Options

### Targeted Retirement Funds

Your contributions to your account will be invested in a Target Date fund closest to the year in which you turn 65 based upon the following criteria:

<b>Birth Date/Year Range</b>	<b>Fund</b>
1988-1993	T. Rowe Price Retirement 2055 Fund
1983-1987	T. Rowe Price Retirement 2050 Fund
1978-1982	T. Rowe Price Retirement 2045 Fund
1973-1977	T. Rowe Price Retirement 2040 Fund
1968-1972	T. Rowe Price Retirement 2035 Fund
1963-1967	T. Rowe Price Retirement 2030 Fund
1958-1962	T. Rowe Price Retirement 2025 Fund
1953-1957	T. Rowe Price Retirement 2020 Fund
1948-1952	T. Rowe Price Retirement 2015 Fund
1947 or before	T. Rowe Price Retirement Balanced Fund

### 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](mailto:rpublic@nationwide.com)



# County of San Diego Deferred Compensation Plan Memorandum of Understanding

Page 3 of 4

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 upon request at [www.myDCplan.com](http://www.myDCplan.com) or by calling 1-888-DC4-LIFE (888-324-5433).
2. The maximum annual contribution amount to all 457(b) plans is the lesser of \$18,000 or 100% of includible compensation. This annual amount may increase each year depending on the changes in the cost of living. Under certain circumstances, additional amounts above the limit may be contributed to the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of Normal Retirement Age and did not contribute the maximum amount in prior years. The Plan Document provides additional details about contribution limits. 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.
3. All 457 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.
4. I may withdraw funds from the Plan only upon severance from employment; disability retirement; at age 70½; upon an unforeseeable emergency approved by NRS and/or my employer; or I may take a one-time de minimus 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.
5. In order to take a distribution from my designated Roth account, I must first qualify for a distributable event as described above. As opposed to the withdrawal of earnings on pre-tax contributions, the earnings on designated
6. 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 cannot be made within five years of the first designated Roth contribution to this plan, and must be made on or after the attainment of age 59½, on or after the participant's death, or due to the participant's disability. If the participant previously established another designated Roth account in another plan and is able to roll the funds from this plan to the other plan, the five-year period would begin to run from the date of the first contribution to the first designated Roth account. A non-qualified Roth distribution may result in a 10% penalty for early withdrawal of that portion of the distribution that is includible in gross income unless a regulatory exception applies. Designated Roth contributions (as opposed to earnings on those contributions) are generally not subject to income tax or penalties.
7. Generally, distributions from the Plan must begin no later than the April 1 following the year I reach age 70½ (or age 72 if born after June 30, 1949). If I continue to work for this employer beyond age 70½ (or age 72 if born after June 30, 1949), generally, my distributions must begin no later than the April 1 following the year I separate from service or retire. All distributions are taxable as ordinary income and are subject to income tax in the year received. 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 the payment of 50% federal excise tax.
8. 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.
9. 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 until such time as the contribution amount is made available to the participant or beneficiary.
10. I understand that I may make changes among the investment 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](http://www.myDCplan.com).
11. 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.
12. I understand that no changes will be effective until they are processed by the Administrative Services Provider.
13. 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. I further understand that a benefit payable at my death shall be paid in substantially equal shares unless I specify otherwise. My death benefits will be paid first to my Primary Beneficiaries. If some 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.
14. 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.

**Targeted Retirement Funds**

I understand that contributions to my account will be invested in a Target Date fund closest to the year in which I turn 65 based upon the following criteria:

<b>Birth Date/Year Range</b>	<b>Fund</b>
1988-1993	T. Rowe Price Retirement 2055 Fund
1983-1987	T. Rowe Price Retirement 2050 Fund
1978-1982	T. Rowe Price Retirement 2045 Fund
1973-1977	T. Rowe Price Retirement 2040 Fund
1968-1972	T. Rowe Price Retirement 2035 Fund
1963-1967	T. Rowe Price Retirement 2030 Fund
1958-1962	T. Rowe Price Retirement 2025 Fund
1953-1957	T. Rowe Price Retirement 2020 Fund
1948-1952	T. Rowe Price Retirement 2015 Fund
1947 or before	T. Rowe Price Retirement Balanced Fund

**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, trust or custodial accounts. Nationwide may receive payments from mutual funds or their affiliates in connection with those investment options. Additionally, Nationwide may enter into arrangements to allocate all or a portion of these payments to plan sponsors for plan expenses. For more detail about the payments Nationwide receives, 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 and the International Association of Firefighters-Financial Corporation. More information about the endorsement relationships may be found online at [www.nrsforu.com](http://www.nrsforu.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 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.