



Nationwide®



Palm Beach County
457(b) Deferred Compensation Plan
EZ Enrollment Form

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Personal Information

Plan Name: Palm Beach County Plan ID: 0038080001
Name:
SSN: Date of Birth: Primary Phone:
Street Address:
City: State: ZIP:
Email:

How would you like to be contacted if additional information is required? Phone Email

Enrollment Action Requested

YES, I want to enroll in the Palm Beach County Deferred Compensation Plan today. I want to contribute the amounts indicated below.

Pre-tax contribution amount per pay period (minimum \$10): \$10 \$730 (Max Amount) Other: \$

I acknowledge that I received a copy of the Memorandum of Understanding (MOU). I understand that contributions to my account will be invested as stated in the MOU.

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.

Beneficiary Designation

IMPORTANT NOTES: 1) Allocations must total 100% for each category of beneficiary; and 2) If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%.

I have additional beneficiaries. If you want to designate more than 2 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%):

1. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:

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

1. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:

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.

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.

Please contact me regarding transferring my other pre-tax retirement plans.

Signature: Date:

Retirement Specialist Name (Print): Agent #:

Return form to: Nationwide Retirement Solutions • PO Box 182797 • Columbus, OH 43218-2797 By Fax: 877-677-4329