



**Personal Information**

Plan Name: City of Sacramento 457(b) Deferred Compensation Plan ID: 0055515001

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

**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 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.

**Deferral Election & Payroll Frequency**

457(b) Pre-Tax Deferral Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % Payroll Frequency: \_\_\_\_\_

Roth Post-Tax Deferral Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_ % Start Contribution On (Pay Period): \_\_\_\_\_

**NOTE:** Use whole dollar amounts and percentages only; no decimals or fractions.

**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: \_\_\_\_\_

2. 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: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_ %

Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Funding Options**

Asset Allocation

- \_\_\_\_\_ % American Century OneChoice Retirement Income (Class R6)
- \_\_\_\_\_ % American Century OneChoice 2025 (Class R6)
- \_\_\_\_\_ % American Century OneChoice 2030 (Class R6)
- \_\_\_\_\_ % American Century OneChoice 2035 (Class R6)
- \_\_\_\_\_ % American Century OneChoice 2040 (Class R6)
- \_\_\_\_\_ % American Century OneChoice 2045 (Class R6)
- \_\_\_\_\_ % American Century OneChoice 2050 (Class R6)
- \_\_\_\_\_ % American Century OneChoice 2055 (Class R6)
- \_\_\_\_\_ % American Century OneChoice 2060 (Class R6)
- \_\_\_\_\_ % BlackRock Global Allocation Institutional

International/Global Equity Funds

- \_\_\_\_\_ % BlackRock International Index I
- \_\_\_\_\_ % Nationwide Bailard International Equity I
- \_\_\_\_\_ % Oppenheimer Developing Markets I
- \_\_\_\_\_ % Oppenheimer International Growth I

Small Cap

- \_\_\_\_\_ % JPMorgan Small Cap Equity (Class R5)
- \_\_\_\_\_ % Oppenheimer Discovery I
- \_\_\_\_\_ % Vanguard Small Cap Value Index I

Mid Cap

- \_\_\_\_\_ % American Century Mid Cap Value (Class R6)
- \_\_\_\_\_ % MFS Mid Cap Growth (Class R5)
- \_\_\_\_\_ % Vanguard Mid Cap Index Admiral Shares

Large Cap

- \_\_\_\_\_ % Fidelity Contrafund K
- \_\_\_\_\_ % Goldman Sachs Large Cap Growth Insights I
- \_\_\_\_\_ % MFS Value Class R6
- \_\_\_\_\_ % Vanguard 500 Index Admiral Shares

Specialty

- \_\_\_\_\_ % TIAA-CREF Real Estate Sec Institutional

Bonds

- \_\_\_\_\_ % Columbia High Yield Bond Class R5
- \_\_\_\_\_ % Goldman Sachs Global Income Institutional Class
- \_\_\_\_\_ % PIMCO Income Institutional Class
- \_\_\_\_\_ % Prudential Total Return Bond Z Class

Short-Term Investments

- \_\_\_\_\_ % Nationwide Fixed Account

**100% Total for both columns must equal 100%<sup>1</sup>**

<sup>1</sup> If the total investment option allocation percentage equals less than 100%, the remainder will be allocated to the Plan's default option. Vanguard Target Retirement Fund - Investor Shares is your plan default fund and your age-appropriate Target date fund will be selected. If the total investment option percentage exceeds 100%, 100% of your contributions will be allocated to the Vanguard Target Retirement Fund - Investor Shares.

**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 authorize my Employer to reduce my salary by the above amount which will be credited to my employer's Plan. The reduction will continue until otherwise authorized in accordance with the Plan. The withholding of my deferred 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 Plan Administrator in conjunction with the set-up time required by my payroll center. The reduction is to be allocated to the funding options in the percentages indicated above. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

**I have read and understand each of the statements on the front and back of this form, which have been drafted in compliance with the Internal Revenue Code. I accept these terms and understand that these statements do not cover all the details of the Plan or products.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Retirement Specialist Name (Print): \_\_\_\_\_ Agent #: \_\_\_\_\_

**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

The purpose of the Memorandum of Understanding is to make you aware of some of the highlights, restrictions and costs of your plan. It is not intended to cover all aspects of the plan and should not be relied upon in making decisions about plan benefits.

I understand and acknowledge the following:

1. The maximum annual contribution amount to all 457(b) plans is the lesser of the maximum annual 457(b) contribution limit or 100% of my includible compensation. This amount may be adjusted annually. If you have questions about the maximum contributions limits, they can be found at [irs.gov](http://irs.gov). Under certain circumstances, additional amounts above the limit may be contributed in the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of the Plan's Normal Retirement Age and did not contribute the maximum amount to the 457(b) Plan in prior years. The Plan Document provides additional details about contribution limits. Contributions in excess of maximum amounts are not permitted and will be reported as taxable income when refunded. It is my responsibility to ensure my contributions to all 457(b) plans in which I participate regardless of employer do not exceed the annual limit.
2. It is my responsibility to adjust my contribution amount to comply with applicable limits. If my Plan Sponsor directs, excess deferrals will be returned to me and reported on IRS tax Form 1099-R. I acknowledge that it is my responsibility to make sure my total contributions, including any 457(b), 403(b), and/or 401(k) Plan contributions, including designated Roth contributions, fall within the specified limits. A Nationwide Retirement Solutions, Inc. ("NRS") representative can provide assistance in determining my contribution limits.
3. I may withdraw funds from the Plan only upon separation from service; at age 70½; upon an unforeseeable emergency approved by the Plan, or when taking a loan. 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 Internal Revenue Code (the "Code") and applicable regulations as expressed in the Plan Document.
4. Contributions, in the form of salary reductions, will be made until I notify NRS or my Plan Sponsor otherwise. Once notification is received, salary reductions will be changed as soon as administratively feasible, subject to timing restrictions.
5. My participation in the Plan is governed by the terms and conditions of the Plan Document. Fund prospectuses are available upon request at [cityofsacretplan.com](http://cityofsacretplan.com) or by calling 1-877-677-3678.
6. Generally, distributions from the Plan must begin no later than 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 April 1 following the year I separate from service or retire. Please consult the plan document for further details. Normally, all pre-tax 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 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 my being subject to a 50% federal excise tax.
7. The funds in my accounts may be eligible for rollover to a traditional or Roth IRA or to another 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 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 the Administrative Services Provider shall be responsible for those tax consequences.
8. All amounts contributed into the Plan and earnings on the amounts contributed are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries.
9. Underlying investment options may be periodically changed or restricted.
10. NRS will permit participants and beneficiaries to exchange amounts among the Variable and Fixed investment options as frequently as permitted by the Plan, subject to the limits and rules set by each Fund and the Contract. Changes may be made by calling 1-877-677-3678 or logging on to [cityofsacretplan.com](http://cityofsacretplan.com). Options for investments may vary by the source of the money invested.
11. I understand that an administrative expense fee is deducted daily from the plan account. The expense fee that is deducted is 0.03% per year.
12. Any beneficiary designation I made on this form will supersede any prior beneficiary designation and shall become effective on the date accepted by the Plan, provided that this designation is accepted by the Plan prior to my death. Further, any benefits payable at my death shall be paid in substantially equal shares to my beneficiaries unless I specify otherwise. 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.
13. I must notify NRS of any address changes, beneficiary changes, contribution changes, allocation changes or errors on my account statement.
14. I will receive a statement of my account quarterly.
15. All telephone exchange requests will be recorded for the participant's protection.
16. Transfers between investment options are provided for under the Plan subject to limitations or restrictions (including redemption fees), if any, as imposed by the investment providers. I understand that any information regarding limitation or restrictions as they apply to the Plan may be obtained from the Plan Administrator.
17. If applicable, I understand that no changes will be effective until they are processed by NRS.
18. 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.

**Mutual Fund 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 participating 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. (Please read the underlying prospectuses carefully).

**Mutual Fund Payments Disclosure**

Nationwide offers 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. For more detail about the payments Nationwide receives, please visit [cityofsacretplan.com](http://cityofsacretplan.com).

**Endorsement Disclosure**

Nationwide has 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 [cityofsacretplan.com](http://cityofsacretplan.com).

**Consent to Paperless Delivery and Access**

By providing your email address here, 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 e-mail 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 US 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 US Mail you can do so by contacting Customer Service at 1-877-677-3678 and request 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 US 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 web site 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 US Mail delivery.