



Deferred Compensation Plan

City of Kansas City, MO Deferred Compensation Plan EZ Enrollment Form

Personal Information

Employer Name: Kansas City, MO Deferred Compensation Plan Employer ID: 0038754001
 Name: _____
 Date of Birth: _____ SSN: _____ Gender: Male Female
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Cell Phone: _____ Work Phone: _____
 Hire Date: _____ Email: _____
 How would you like to be contacted if additional information is required? Phone Email

Deferral Election & Payroll Frequency

457(b) Pre-Tax \$ _____ OR _____ % Payroll Frequency: Bi-Weekly (26)
 457(b) Roth* \$ _____ OR _____ % Start Contribution On (Pay Period): _____
Total \$ _____ OR _____ % **1.** The minimum contribution amount is \$25 per pay period. **2.** The earliest your enrollment or contribution change can start is the first day of the month following your completed request.

I understand that contributions to my account will be invested in an Asset Allocation fund closest to the year in which I turn age 65, based upon the criteria contained in the Memorandum of Understanding (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 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

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, it will be designated as 100%

I have additional beneficiaries. If you want to designate more than 1 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 reduce my salary by the above amount which will be credited to my account with The City of Kansas City, Missouri Deferred Compensation Plan. I understand that I may cancel my enrollment if I contact the Service Center at 1-866-350-5266 within 10 business days of the signature date of this form. The salary 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 will be reflected as early as administratively practicable but not earlier than the first day of the first calendar month following the execution of this Participation Agreement. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully, which are available upon request or via KCMODC.com. I have read and understand each of the statements on the Memorandum of Understanding accompanying this form, which are intended to comply 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: _____

Return form to:

Mail: Nationwide Retirement Solutions PO BOX 182797 Columbus, Ohio 43218-2797 Fax: 877-677-4329

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City of Kansas City, MO Deferred Compensation Plan Memorandum of Understanding

The purpose of this memo is to ensure that you fully understand the major terms, restrictions and costs of the City of Kansas City, MO Deferred Compensation Plan. However, it does not cover all the details of the Plan. Please refer to the Plan Document for specific details.

I understand and acknowledge the following:

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 kcmocd.com or by calling 866-350-KCMO.
2. The total 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. 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 the Plan's Normal Retirement Age and did not contribute the maximum amount to the 457 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.
3. As opposed to the withdrawal of earnings on pre-tax contributions, the earnings on designated 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 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% additional tax for early withdrawal of that portion of the distribution that is includible in gross income, if made from rollovers to this Plan from a qualified plan like a 401(k) plan, unless a regulatory exception applies. Please note that once made, contributions and/or rollovers to a designated Roth account may not be reversed. In the event you wish to make changes, only future contributions and/or rollovers can be redirected.
4. I may withdraw funds from the Plan only upon severance from employment; at age 70½ (if deferrals have stopped); upon an unforeseeable emergency approved by the Plan; or I may take a one time in-service withdrawal if my account value is \$5,000 or less (as adjusted) and I have not deferred into the Plan for two or more years. 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 and applicable regulations, some of which are expressed in the Plan Document.
5. Generally, my distributions must begin no later than April 1st following the year I reach age 70½. If I work beyond age 70½, generally my distributions must begin no later than April 1st following the year I have a severance from employment or retire. Please consult your plan document for further details. 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 IRC Sec. 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.
6. The funds in my account may be eligible for rollover to a traditional 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 understand that I should 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 Plan Administrator shall be responsible for those tax consequences.
7. I understand that all products are optional.
8. I understand that I may make changes among the investment options within my account as frequently as daily, but any change may be subject to the restrictions of the plan and/or the investment provider. In addition, some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully. Changes may be made by calling 866-350-KCMO or logging on to kcmocd.com.
9. Exchanges from and into available variable investment options may be subject to restrictions or limitations established by the investment provider, the Plan or its designated agent.

Asset allocation options

1. The asset allocation funds can be selected based on your personal objectives and risk tolerance. They are designed to provide asset allocation across several types of investments and asset classes. Therefore, in addition to the expenses of the asset allocation funds, you are indirectly paying a proportionate share of the applicable fees and expenses of the underlying funds. The use of asset allocation does not guarantee returns or insulate you from potential losses.
2. I understand that contributions to my account will be invested in an Asset Allocation fund closest to the year in which I turn age 65 based upon the following criteria:

Birth Date/Year Range	Fund
Before 1940	T. Rowe Price Retirement Income Fund
Between 1941-1950	T. Rowe Price Retirement 2010 Fund
Between 1951-1960	T. Rowe Price Retirement 2020 Fund
Between 1961-1970	T. Rowe Price Retirement 2030 Fund
Between 1971-1980	T. Rowe Price Retirement 2040 Fund
Between 1981-1990	T. Rowe Price Retirement 2050 Fund
After 1991	T. Rowe Price Retirement 2060 Fund

Kansas City, MO Memorandum of Understanding

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. The value of amounts allocated to mutual fund options will vary depending upon the value of the chosen mutual funds and could result in either a gain or loss. The fund prospectuses were made available to me and can be obtained upon request.
3. I understand that pursuant to the Plan Document, deferred amounts will be invested per the default election on this EZ Enrollment Form.

Mutual funds payment 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 kcmofdc.com.

Endorsement disclosure

Nationwide has endorsement relationships with the National Association of Counties, the United States Conference of Mayors, and the International Association of Firefighters Financial Corporation. More information about the endorsement relationships may be found online at kcmofdc.com.

Enrollment disclosure

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.

Consent to Paperless Delivery and access

By providing your email address, 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 866-350-KCMO 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 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.