



Personal Information

Plan Name: Howard County Pay Centers: <input type="checkbox"/> Howard County <input type="checkbox"/> Howard County Housing Commission <input type="checkbox"/> Howard County Economic Development Authority Department	<input type="checkbox"/> Howard County Public Schools
Money Type: <input type="checkbox"/> 457(b) Pre-Tax <input type="checkbox"/> 457(b) Roth* * Roth contributions are made on an after-tax basis	
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:	

Paperless Delivery Consent

**Paperless Delivery:** By providing your email address you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically. Unless you choose to have statements, account documents and other documents sent in connection with your retirement plan delivered via US Mail to the mailing address of record by checking the box below, these documents will be made available to you electronically.

I wish to receive my statements and account documents via US Mail.

Deferral Election & Payroll Frequency

Money Type	Dollar Amount	OR	Percentage*	Payroll Frequency:	Bi-Weekly
Pre-Tax Amount:	\$		%		<input type="checkbox"/> Other _____
Roth Amount	\$		%	Start Contribution On:	
<b>Total</b>	\$		%		

\* Check with your employer on whether your plan offers deferrals in percentages, dollar amounts or both.

Beneficiary Designation

Check here if this is a change of beneficiary. (Beneficiaries listed below replace any prior 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:
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:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

## Funding Options

**Enroll me in asset rebalancing.** I agree to comply with and be bound by the terms and conditions of the service including any restrictions imposed by the investment options. I understand I can obtain more information about the service, its terms and conditions by contacting the Nationwide Service Center.

### Asset Allocation

\_\_\_\_\_ % American Funds Retirement 2010 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2015 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2020 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2025 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2030 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2035 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2040 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2045 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2050 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2055 Fund (Class R6)  
 \_\_\_\_\_ % American Funds Retirement 2060 Fund (Class R6)

### International

\_\_\_\_\_ % American Funds - New World Fund (Class R6)  
 \_\_\_\_\_ % Ivy International Core Equity Fund (Class R6)  
 \_\_\_\_\_ % Vanguard Total International Stock Index Fund (Institutional Shares)

### Small Cap

\_\_\_\_\_ % Franklin Small Cap Value R  
 \_\_\_\_\_ % T. Rowe Price Institutional Small-Cap Stock Fund (Institutional Shares)  
 \_\_\_\_\_ % Vanguard Small Cap Index Fund (Institutional Shares)

### Mid Cap

\_\_\_\_\_ % Janus Henderson Enterprise N  
 \_\_\_\_\_ % Vanguard Mid Cap Index Fund  
 \_\_\_\_\_ % Wells Fargo Special Mid Cap Value Fund (Class R6)

### Large Cap

\_\_\_\_\_ % JP Morgan Equity Income Fund (Class R6)  
 \_\_\_\_\_ % MainStay Large Cap Growth Fund (Class R6)  
 \_\_\_\_\_ % Vanguard Institutional Index Fund (Institutional Shares)

### Specialty

\_\_\_\_\_ % Vanguard REIT Index Fund (Admiral Shares)

### Bonds

\_\_\_\_\_ % PIMCO Foreign Bond Fund (U.S.-Dollar Hedged) (Institutional Class)  
 \_\_\_\_\_ % PIMCO Total Return Fund (Institutional Shares)  
 \_\_\_\_\_ % Vanguard Inflation-Protected Securities Fund (Admiral Shares)  
 \_\_\_\_\_ % Vanguard High-Yield Corporate Fund (Admiral Shares)

### Fixed/Cash

\_\_\_\_\_ % Howard 457 Fixed Account

**100 %**

**Total for both columns must equal 100%**

I understand that if an allocation is made to a closed or unavailable investment option, the allocation will be made to the default option, the appropriate targeted date fund closest to my retirement date. I understand that if the total investment option allocation percentage equals less than 100%, the difference will be invested in the default option, the appropriate targeted date fund. I understand that if the total investment option allocation is greater than 100%, my application will be rejected and my allocations will not be processed.

## 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 hereby elect the deferral amount stated above. I understand my deferral will continue until otherwise authorized in accordance with the Plan. The deferrals will be allocated to the funding options in the percentages elected above. I understand some investment options may impose a short-term trading fee. I understand I should read the fund 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.**

Participant Signature:	Date:
Retirement Specialist Name (Print):	Agent #:

## Form Return

By mail: Nationwide Retirement Solutions  
 PO Box 182797  
 Columbus, OH 43218-2797

By fax: 877-677-4329



## Howard 457 Deferred Compensation Plan Memorandum of Understanding

1. I understand that my participation in the Plan is governed by the terms and conditions of the Plan Document(s). Any product informational brochures, fund prospectuses, and/or other information are available by calling 1-877-NRS-FORU (1-877-677-3678) or logging on to [www.Howard457.com](http://www.Howard457.com).
2. The total permissible annual deferral amount to all 457(b) plans is currently the lesser of \$18,000 or 100% of includible compensation, as indexed, per 457(e)(15) of the IRS code. Under certain circumstances, additional amounts above the limit may be deferred into the Plan if (1) I will obtain age 50 or older during the calendar year, or (2) I am within three years of Normal Retirement Age and did not defer the maximum amount in prior years. The Plan Document provides additional details about deferral limits. Deferrals in excess of maximum amounts are not permitted and will be considered taxable income when refunded. It is my responsibility to ensure my deferrals do not exceed the annual limit. Contributions to other Section 457(b) plans may limit the maximum amount I may defer under the Plan.
3. Please note that, once made, contributions and/or rollovers to a 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 in accordance with the Plan Document and the Internal Revenue Code including severance from employment; at age 70 1/2; upon an unforeseeable emergency approved by the Plan; or I may take an one time in-service withdrawal if my account value is \$5,000 or less (as adjusted) and I have not contributed 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.
5. My distributions must begin no later than April 1st following the year I reach age 70 1/2. If I work beyond age 70 1/2, my distributions must begin no later than April 1st following the year I have a severance from employment or retire. All distributions of pre-tax contributions 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 generally 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. If the Plan permits designated Roth contributions, these contributions are made on an after-tax basis, which means they will not be subject to income taxes when distributed at a later time. As opposed to the withdrawal of earnings on pre-tax contributions, though, 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. In order to be a qualified distribution, the distribution must be made five or more years after January 1 of the first year the participant made Roth contributions to the Plan and must be made on or after the attainment of age 59 1/2, 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 January 1st of the year of the first contribution to a designated Roth account. A non-qualified Roth distribution may result in an additional 10% early withdrawal tax on the portion of the distribution includible in gross income if made from rollovers to this Plan from a qualified plan or a 403(b) plan, and no statutory exceptions apply. Please note that once made, contributions and/or rollovers to a Roth account may not be reversed. In the event the participant desires to make contribution changes, only future contributions and/or rollovers can be redirected (contributed as pre-tax funds).
7. The funds in my account 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 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 Plan Administrator shall be responsible for those tax consequences.
8. I understand that 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 until such time as the contributed amount is made available to the participant or beneficiary.
9. I understand that all products are optional.
10. 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 Administrator, the investment provider, and/or as may be required by law. Changes may be made by calling 1-877-NRS-FORU (1-877-677-3678) or logging on to [www.Howard457.com](http://www.Howard457.com).
11. I understand I must defer a minimum of \$20 per month into the Plan to satisfy minimum plan requirements.
12. I understand that no changes will be effective until they are processed in the Deferred Compensation Service Center.
13. I understand that if an allocation is made to a closed or unavailable investment option, the allocation will be made to the default option, the appropriate targeted date fund closest to my retirement date. I understand that if the total investment option allocation percentage equals less than 100%, the difference will be invested in the default option, the appropriate targeted date fund. I understand that if the total investment option allocation is greater than 100%, my application will be rejected and my allocations will not be processed.

# Howard 457 Deferred Compensation Plan

## Memorandum of Understanding

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.

### **HOWARD 457 FIXED INCOME OPTION**

For additional information about the respective components of the Howard County Fixed Income Option, please refer to the Fixed Account and Guaranteed Separate Account respective fact sheets by visiting the Nationwide Retirement Solutions website at [www.howard457.com](http://www.howard457.com). Additionally, the current quarterly yield can be found on your quarterly statement and at [www.howard457.com](http://www.howard457.com).

### **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. I have received and reviewed the participating fund prospectuses.
3. I understand that pursuant to the Plan Document, contributed amounts will be invested per my selection of funding options specified on the Participation Agreement or as otherwise amended.
4. Nationwide does not charge an explicit fee on participant accounts.

### **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 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 electronic 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 (1-877-677-3678) and requesting paper. You may opt out of electronic 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 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 U.S. Mail delivery.

### **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. 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, 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 [www.nrsforu.com](http://www.nrsforu.com).