



Sacramento Metropolitan Fire District
Deferred Compensation Plan
Enrollment Form

Personal Information

Plan ID: [] 457(b) - 0037972001 [] Deemed IRA - 0037972002
Name: _____
Date of Birth: _____ SSN: _____ Gender: [] Male [] Female
Street Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Work Phone: _____
Email: _____

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 and Deemed IRA Contribution Election

457(b) Pre-Tax \$ _____ Deemed Traditional IRA \$ _____ Payroll Frequency: _____ Monthly _____
457(b) Roth After-Tax \$ _____ Deemed Roth IRA \$ _____ Start Contribution On (Pay Period): _____
457(b) Total \$ _____ Deemed IRA Total¹ \$ _____

¹ Deemed IRA contribution made by: [] After-tax payroll deduction [] Check

NOTE: If you want contributions made between January 1 and April 15 to be treated as contributions for a prior tax year, such contributions must be made by check and you must include instructions. Employee contributions to Deemed IRA are made with after tax dollars. Minimum payroll deduction contribution is \$25 per month.

Beneficiary Designation

I understand that 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. I further understand that any benefits 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.

[] Check here if this is a change of beneficiary. (Any designated beneficiaries will be for both the 457(b) and Deemed IRA, as applicable.)

NOTE: Percentage split 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%.

If additional space for beneficiaries is required, attach additional sheets and mark this box: []

Primary Beneficiary(ies) (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) (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

_____% Vanguard Target Retirement 2020 Fund (Investor Shares)
 _____% Vanguard Target Retirement 2025 Fund (Investor Shares)
 _____% Vanguard Target Retirement 2030 Fund (Investor Shares)
 _____% Vanguard Target Retirement 2035 Fund (Investor Shares)
 _____% Vanguard Target Retirement 2040 Fund (Investor Shares)
 _____% Vanguard Target Retirement 2045 Fund (Investor Shares)
 _____% Vanguard Target Retirement 2050 Fund (Investor Shares)
 _____% Vanguard Target Retirement 2055 Fund (Investor Shares)
 _____% Vanguard Target Retirement 2060 Fund (Investor Shares)
 _____% Vanguard Target Retirement 2065 Fund (Investor Shares)
 _____% Vanguard Target Retirement Income Inv

International

_____% American Funds Capital World Growth & Income (Class R6)
 _____% Dodge & Cox International Stock Fund
 _____% EuroPacific Growth Fund® (Class R6)
 _____% Vanguard® Total International Stock Index Fund

Small Cap

_____% Hood River Small Growth Fund (Institutional Shares)
 _____% JPMorgan Small Cap Value Fund (Class R6)
 _____% Vanguard® Small-Cap Index Fund (Admiral Shares)

Mid Cap

_____% Allspring Special Mid Cap Value Fund (Class R6)
 _____% MFS Mid Cap Growth (Class R6)
 _____% Vanguard® Strategic Equity Fund (Investor Shares)
 _____% Vanguard® Mid-Cap Index Fund (Admiral Shares)

Large Cap

_____% JPMorgan Large Cap Growth Fund (Class R6)
 _____% T. Rowe Price (Institutional Shares)
 _____% Vanguard Equity-Income (Admiral Shares)
 _____% Vanguard® Institutional Index Fund (Institutional Shares)

Balanced

_____% The Income Fund of America® (Class R6)

Bonds

_____% Fidelity Advisor High Income Advantage Fund (Institutional Shares)
 _____% Sterling Capital Total Return Bond Fund (Class R6) (Institutional Shares)
 _____% Vanguard® Inflation-Protected Securities Fund (Admiral Shares)
 _____% Vanguard® Total Bond Market Index Fund (Admiral Shares)

Short-term Investments

_____% Nationwide® Guaranteed Separate Account

100 % Total for both columns must equal 100%¹

¹ 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 Nationwide® Guaranteed Separate Account. I understand that if the total investment option allocation percentage equals less than 100%, the difference will be invested in the default option, the Nationwide® Guaranteed Separate Account. I understand that if the total investment option allocation is greater than 100%, my deferral election will be rejected and my allocations will not be processed.

Enroll me in asset rebalancing an investing strategy through which periodic exchanges between funds in your account take place in an effort to maintain a specific investment mix designated. 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.

Spousal Consent

NOTE: Do not complete this section if you are not married or if you are married and your spouse is not named as 100% primary beneficiary

I, (spouse's name) _____ consent to the beneficiary designation as indicated. I understand that this designation causes the benefits to be paid to the person(s) named as beneficiary(ies) and not paid to me. I understand that this designation is not valid unless I consent to it in writing. I also understand that this consent is irrevocable unless my spouse (the participant), and I agree in writing to any subsequent designation(s).

Spouse's Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____
(Witness cannot be a named beneficiary)

Authorization

NOTE: It is your sole responsibility to ensure you do not make excess contributions to the deemed IRA(s). Deductions are made without regard to any future changes in taxes; no partial deductions or "carry overs" to future pay periods will be made. This deduction will continue until changed in accordance with the Plan/IRA procedures. You can change payroll deductions only by filing an official amended "Participation Agreement" form with the Plan.

I hereby elect the 457(b) deferral and/or Deemed IRA contribution listed above and I understand my deferrals and/or contributions will continue until otherwise authorized in accordance with the Plan. The deferrals and/or contributions will be allocated to the funding options in the percentages elected above. I acknowledge that I have received the Deemed IRA disclosure statement. I understand that a copy of the Plan Document, which includes the Deemed IRA provision, is available from my Employer upon my request. I further understand that the Plan and the above named documents are specifically incorporated herein by reference. I hereby agree to be bound by the terms of the Deemed IRA. I understand that the initial IRA Participation Agreement or any Amendment or Termination of such Agreement may be effective only as of the first administratively practicable pay day, occurring in the next calendar month following the date of acceptance by my Employer, if the contributions are being payroll deducted. Investing involves market risk. No investment strategy or program can guarantee a profit or avoid losses.

Signature: _____ **Date:** _____

Retirement Specialist Name (Print): _____ Agent #: _____



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).

Nationwide Life Guaranteed Separate Account Annuity (GSA)

Non-defined terms described below will have the meaning given to them in the GSA contract.

1. A guaranteed interest rate is declared quarterly and credited daily. In the event your employer terminates the GSA, the interest guarantee will no longer apply. In no event shall interest credited to the contract ever be less than 0%.
2. The guaranteed interest rate declared includes an explicit asset fee of 0.12%.
3. Generally, exchanges or transfers to other investment options offered under your employer's Plan will not be restricted. However, in the event Nationwide identifies another investment option offered under the Plan as a Competing Investment Option, then Nationwide may restrict any direct exchanges from the GSA to a Competing Investment Option. In such a case, Nationwide will require that amounts exchanged out of the GSA be held in a non-Competing Investment Option for a period of ninety (90) -days prior to being exchanged into a Competing Investment Option. Nationwide's failure to take action in any one or more instances with respect to this restriction is not, nor may it be construed or deemed as, a further or continuing waiver of its right to enforce this restriction.

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 www.sacmetrofire457.com.

Endorsement Disclosure

Nationwide has endorsement relationships with the National Association of Counties, United States Conference of Mayors and the International Association of Firefighters-Financial Corporation. More information about the endorsement relationships may be found online at sacmetrofire457.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 877-616-6565 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.