



# County of Cook

## Deferred Compensation Plan

### Participation Agreement and Service Request

#### Personal Information

Plan ID: <input type="checkbox"/> Corp - 0035046001 <input type="checkbox"/> Pension - 0035046001 <input type="checkbox"/> Health - 0035046001 <input type="checkbox"/> Forest Preserve - 0035043001	
Name*:	SSN:
Date of Birth*:	Account #:
Address*:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, & ZIP*:	
Home/Cell Phone Number*:	Work Phone Number:
Work Location*:	Department*:
Email Address:	
How would you like to be contacted if additional information is required? <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

\*Denotes a required field

#### Request Type

- New  Name Change\*\*  Increase  Decrease  Allocation Change\*  Reinstatement  Address Change  
 Beneficiary Change  Special 457 Catch-Up  Age 50+ Catch-Up  Buyout

\* Allocation changes will be processed upon receipt and effective with first payroll movement after receipt.

\*\* Name change requires acceptable legal proof of the change (e.g., copy of marriage certificate, driver's license, order of legal name change from court).

#### Contribution Summary & Payroll Frequency

Deferral Amount	\$	<b>Percentage Deferral (If Desired)</b>		Start Contribution Pay Period	
Universal Life	\$			Gross taxable compensation per pay	\$
		<i>Multiplied by:</i>		<b>For Internal Use ONLY</b>	
		Percent per pay period			
<b>Total</b>	<b>\$</b>	<i>Equals:</i>		Other: _____	
		Deferral per pay			

#### 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%):  **Equal percentages for each Primary beneficiary\***

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%):  **Equal percentages for each Contingent beneficiary\***

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

\*If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example, if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.

## Funding Options

### Asset Allocation

- \_\_\_\_\_ % T. Rowe Price Retirement Balanced Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2010 Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2015 Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2020 Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2025 Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2030 Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2035 Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2040 Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2045 Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2050 Fund (Investor Class)
- \_\_\_\_\_ % T. Rowe Price Retirement 2055 Fund (Investor Class)
- \_\_\_\_\_ % Vanguard LifeStrategy Growth Fund
- \_\_\_\_\_ % Vanguard LifeStrategy Moderate Growth Fund
- \_\_\_\_\_ % Vanguard LifeStrategy Conservative Growth Fund

### International

- \_\_\_\_\_ % American Funds: Capital World Growth & Income Fund (Class R6)
- \_\_\_\_\_ % American Funds: EuroPacific Growth Fund (Class R5)

### Small Cap

- \_\_\_\_\_ % Neuberger Berman Genesis Fund (Institutional Class)

### Small Cap (continued)

- \_\_\_\_\_ % Vanguard Small-Cap Index Fund (Institutional Shares)
- \_\_\_\_\_ % Victory Sycamore Small Company Opportunity Fund (Class I)
- \_\_\_\_\_ % William Blair Small Cap Growth Fund (Class I)

### Mid Cap

- \_\_\_\_\_ % JPMorgan Mid Cap Value Fund (Class L)
- \_\_\_\_\_ % Vanguard Mid-Cap Index Fund (Institutional Shares)

### Large Cap

- \_\_\_\_\_ % American Century Large Company Value Fund (Class R6)
- \_\_\_\_\_ % American Funds: Growth Fund of America (Class R6)
- \_\_\_\_\_ % Fidelity Contrafund (K6 Shares)
- \_\_\_\_\_ % T. Rowe Price Capital Opportunities Fund (Class I)
- \_\_\_\_\_ % Vanguard Institutional Index Fund (Institutional Shares)
- \_\_\_\_\_ % Invesco Growth and Income Fund (Class Y)

### Bonds

- \_\_\_\_\_ % Dodge & Cox Income Fund

### Short-Term Investments

- \_\_\_\_\_ % Cook County Blended Fixed Option

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

<sup>1</sup> If the total investment option does not equal 100%, my application will be returned to me and my allocations will not be processed.

## Authorization and Paperless Delivery Consent

- Please send me a copy of the Prospectus(es).
- Please contact me regarding transferring my other pre-tax retirement plans.

**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.**

I authorize my Employer to reduce my salary by the above amount which will be credited to the County of Cook Deferred Compensation 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. Deferrals can start, stop, increase or decrease no earlier than the first day of the month following the date that this application is signed. The reduction is to be allocated to the fund options in the percentages indicated above, or as otherwise directed according to my most recent investment election instructions.

**I HAVE READ AND UNDERSTAND EACH OF THE STATEMENTS ON THIS FORM, WHICH HAS BEEN DRAFTED IN COMPLIANCE WITH THE PLAN AND SECTION 457 OF 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

Mail: Nationwide Retirement Solutions, 205 W. Randolph St., Ste. 1540, Chicago, IL 60606 Fax: 877-677-4329



# County of Cook 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 County of Cook 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.
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](http://irs.gov). Under certain circumstances, additional amounts above the limit may be contributed into the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of Normal Retirement Age and did not contribute the maximum amount in prior years. The Plan Document provides additional details about contribution limitations. Contributions in excess of maximum amounts are not permitted and will be considered taxable income when refunded. It is my responsibility to ensure my contributions do not exceed the annual limit.
3. I understand that all funds held pursuant to the Plan are held in a trust, custodial account or annuity contract for my exclusive benefit or the benefit of my beneficiaries. I may withdraw funds from the Plan only upon severance from employment; at age 70½; upon an unforeseeable emergency approved by the Plan; or I may take a one time in-service withdrawal if all of the following are true: 1) my account value is \$5,000 or less (as adjusted), 2) I have not deferred into the Plan for two or more years, and 3) I have not taken a withdrawal of this type previously. In some cases withdrawal for purchase or repayment of service credits in a Governmental Defined Benefit Plan (pension) 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.
4. My distributions must begin no later than April 1<sup>st</sup> following the year I reach age 70½. If I work beyond age 70½, my distributions must begin no later than April 1<sup>st</sup> following the year I sever from employment. 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 a 50% federal excise tax.
5. I understand that all products are optional. The Life Insurance Option is not available to new applicants.
6. I understand I must defer a minimum of \$20 per month into the Plan to satisfy minimum Plan requirements.
7. I understand that no changes will be effective until they are processed in Nationwide Retirement Solutions' (NRS) home office.
8. 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. I understand that if an allocation is made to a closed or unavailable investment option or the total investment option allocation is less than or greater than 100% my application will be rejected and my allocations will not be processed.
9. 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. Changes may be made by calling 855-457-COOK or logging on to [CookCountyDC.com](http://CookCountyDC.com).
10. 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.

### Cook County Blended Fixed Option

1. The Cook County Blended Fixed Option is comprised of investment contracts offered by Nationwide Life Insurance Company and Massachusetts Mutual Life Insurance Company.
2. The interest yield will be declared each quarter and will be blended based upon the interest yields provided by and the assets in each contract.

### 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, which are available at [CookCountyDC.com](http://CookCountyDC.com) or by calling 855-457-COOK.
3. Some mutual funds may impose a short term trade fee or purchase restriction. Please read the underlying prospectuses carefully.

### 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. Additionally, Nationwide may enter into arrangements to allocate all or a portion of these payments to plan sponsors for plan expenses or a refund back to participant. For more detail about the payments Nationwide receives, please visit [CookCountyDC.com](http://CookCountyDC.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 [CookCountyDC.com](http://CookCountyDC.com).

# County of Cook Memorandum of Understanding

## **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.

## **Consent to Paperless Delivery and Access**

By providing your email address above, 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 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 855-457-COOK and requesting 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 e-mail 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.