

Personal Information

Plan ID: Corp - 0035046001 Pension - 0035046001 Health - 0035046001 Forest Preserve - 0035043001

Name*: _____

SSN or Account Number*: _____ Date of Birth*: _____

Street Address*: _____

City*: _____ State*: _____ ZIP*: _____

Home/Cell Phone*: _____ Work Phone: _____

Work Location*: _____ Department*: _____

Email: _____

How would you like to be contacted if additional information is required? Phone 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

* 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

457(b) Pre-Tax*	\$ _____	OR	_____ %	Payroll Frequency: _____	Bi-Weekly
457(b) After-Tax Roth*	\$ _____	OR	_____ %	Start Contribution (Pay Period): _____	
Universal Life	\$ _____			Note: Contribution elections will begin as soon as administratively possible.	
Total	\$ _____	OR	_____ %	*Whole dollar amounts/whole percentages are required; no decimals or fractions are permitted.	

Beneficiary Designation

Check here if this is a change of beneficiary. (Beneficiaries listed below replace any prior 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%): **Equal percentages for each Primary beneficiary***

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

- _____ % T. Rowe Price Retirement 2010 Fund (I Class)
- _____ % T. Rowe Price Retirement 2015 Fund (I Class)
- _____ % T. Rowe Price Retirement 2020 Fund (I Class)
- _____ % T. Rowe Price Retirement 2025 Fund (I Class)
- _____ % T. Rowe Price Retirement 2030 Fund (I Class)
- _____ % T. Rowe Price Retirement 2035 Fund (I Class)
- _____ % T. Rowe Price Retirement 2040 Fund (I Class)
- _____ % T. Rowe Price Retirement 2045 Fund (I Class)
- _____ % T. Rowe Price Retirement 2050 Fund (I Class)
- _____ % T. Rowe Price Retirement 2055 Fund (I Class)
- _____ % T. Rowe Price Retirement 2060 Fund (I Class)
- _____ % T. Rowe Price Retirement 2065 Fund (I 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

- _____ % Vanguard Explorer Fund (Admiral Shares)

Mid Cap

- _____ % Ariel Fund (Institutional Class)
- _____ % Vanguard Extended Market Index Fund (Institutional Shares)

Large Cap

- _____ % Vanguard Institutional Index Fund (Institutional Plus Shares)

Bonds

- _____ % Dodge & Cox Income Fund (Class I)

Short-Term Investments

- _____ % Cook County Blended Fixed Option

_____ **100% Total for both columns must equal 100%**¹

¹I understand and acknowledge that if an allocation is made to a closed or unavailable fund, or if the total investment percentage is less than 100%, the designated or missing percentage will be made to the Target Date Retirement Fund closest to the year in which I turn age 65. If the total investment percentage is greater than 100%, my application will be rejected and my allocations not 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 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.

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 as soon as administratively practicable following 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 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.

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

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](https://www.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. 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 59 1/2, 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.
5. Generally, you must begin taking distributions from the Plan no later than April 1 following the year you reach age 73. If you continue to work for this employer beyond age 73, (75 for an individual who attains age 74 after December 31, 2032), generally, your distributions must begin no later than April 1 following the year you separate from service or retire. Please consult the Plan Document for additional information. All distributions are taxable as ordinary income and subject to income tax in the year received. You must take distributions in a manner that satisfies the minimum distribution requirements of Section 401(a)(9) of the Code, which currently requires benefits to be paid at least annually over a period not to extend beyond your life expectancy. Failure to meet minimum distribution requirements may result in the payment of a 25% federal excise tax.
6. I understand that all products are optional. The Life Insurance Option is not available to new applicants.
7. I understand I must defer a minimum of \$20 per month into the Plan to satisfy minimum Plan requirements.
8. I understand that no changes will be effective until they are processed in Nationwide Retirement Solutions' (NRS) home office.
9. 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 and acknowledge that if an allocation is made to a closed or unavailable fund, or if the total investment percentage is less than 100%, the designated or missing percentage will be made to the Target Date Retirement Fund closest to the year in which I turn age 65. If the total investment percentage is greater than 100%, my application will be rejected and my allocations not processed.
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 and/or the investment provider. Changes may be made by calling 855-457-COOK or logging on to CookCountyDC.com.
11. 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 Empower Annuity 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 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.

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.

Enrollment disclosure

Your enrollment or contribution change will take effect as soon as administratively practicable. 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