Enroll online Maryland DC.com

457(b) | 401(k)

MSRP

EZ enrollment

PERSONAL INFORMATION

(please print and provide information—even if you're not yet ready to join an MSRP Plan.)

Name____ ☐ Male ☐ Female Date of Birth ______/_______/____________

Address_____________________________________City______________________________State_____Zip _________

Home Phone____________________Work Phone_____________________Email ______________________________________

Hire Date _____/______/________Social Security Number____

SIGN ME UP!

☐ I want to enroll in the MSRP Program and begin contributing:

☐$25 ☐$50 ☐$75 ☐$100 ☐$_________ per pay period

☐ I have a rollover.

☐ Send me more information about **Nationwide ProAcccount®,** a professionally-managed account service available for an additional fee.

☐ **Paperless Delivery** I consent to receive statements, confirmations, terms, agreements and other information provided in connection with my retirement plan electronically.

Pre-tax contribution per pay	Amount from your take-home pay
$25	$17.31
$50	$34.63
$75	$51.94
$100	$ 69.25

Potential impact on take-home pay calculations, above, are based on federal tax rate of 25% and 5.75% state tax rate. These are approximate based on current salary, marital status, and W-2 tax deduction assumptions.

☐ ***I acknowledge that I will receive a full Memorandum of Understanding in the mail. I will be enrolled into the 457(b) plan unless I am currently 55 or older, in which case I will be enrolled in the 401(k) plan. My payroll deduction will be invested in the T. Rowe Price Retirement Trust closest to the year in which I turn age 65.***

Signature____Today's Date____/____/ ______

Beneficiary_____________________________________Relationship_____________________________/______%

Please be sure to provide your Social Security Number, signature, and date.

T. Rowe Price Collective Investment Trusts: Target Maturity trusts are designed to provide diversification and asset allocation across several types of investments and asset classes, primarily by investing in underlying funds. Therefore, in addition to the expenses of the trusts, an investor is indirectly paying a proportionate share of the applicable fees and expenses of the underlying funds.

Target Maturity trusts are designed for people who plan to withdrawal funds during or near a specific year. These trusts use a strategy that reallocates equity exposure to a higher percentage of fixed investments over time. Like other funds, target date trusts are subject to market risk and loss. Loss of principal can occur at any time, including before, at or after the target date. There is no guarantee that target date trusts will provide enough income for retirement at any time, including before, at or after the target date. There is no guarantee that target date trusts will provide enough income for retirement or that asset allocation, diversification or any investment strategy will assure a profit or avoid losses.

CIT's available in 457(b), 401(k), and 401(a). Not available in 403(b).

Please fill in the information below and fax this form to: (410) 697-5572 or mail to: Nationwide, 11350 McCormick Rd, Exec Plaza 1, Ste 400, Hunt Valley MD 21031

Number of pay periods per year______________Agency Code: ________________Work Address: ____

Payroll Type (circle answer): Regular University Contractual Other Payroll Center Name (circle answer):____ Central University Other

Enroll online MarylandDC.com

457(b) | Roth 457(b) | 401(k) | Roth 401(k) | 403(b)

MSRP

eSign

Use this side of the form for ProAccount and Roth enrollments only.
You don't need to fill in both sides of this form.

Today's Date___________________

SIGN ME UP!

My Email ______________________________ ____

☐ Email me Docusign to enroll in Nationwide ProAccount® in a (*circle one*) **457(b) 401(k) 403(b) Roth 457(b) Roth 401(k)**

☐ Email me Docusign to enroll in a (*circle one*) **Roth 457(b) Roth 401(k)**

I want to begin contributing $____________per pay period ☐ Check this box to contribute the maximum allowable contribution

☐ I have a rollover.

PERSONAL INFORMATION

Name____ ☐ Male ☐ Female Date of Birth ______/_______/___________

Address____City__________________________________State______Zip __________

Home Phone________________________Work Phone_________________________Hire Date _____/______/________

Social Security Number____ _

Beneficiary____Relationship____/_______%

By completing this form, you are requesting to receive the enrollment forms via email and or eSign.