



Personal Information

Plan Name and ID: [] Volusia County, FL - 0037262001 [] Volusia County Sheriffs Office - 0037262001
Name: _____ SSN: _____
Date of Birth: _____ Primary Phone: _____ Email: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
How would you like to be contacted if additional information is required? [] Phone [] Email

Enrollment Action Requested

[] YES, I want to enroll in The Volusia County 457(b) Deferred Compensation Plan today. I want to contribute the amounts indicated below.

Pre-tax contribution amount per pay period (minimum \$10): \$ _____

Contributions to your account will be invested in the Nationwide Target Destination Series, which is the default option.

Paperless Delivery

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.

Beneficiary 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%):

1. 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: _____

Authorization

I authorize my Employer to make the contributions to the Plan in the amounts I have designated above. The contribution will continue until otherwise authorized in accordance with the Plan. The withholding of my contribution 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 Administrative Services Provider in conjunction with the set-up time required by my payroll center. The contribution is to be allocated to the funding options in the percentages indicated above. Some mutual funds may impose a short-term trading fee and/or purchase block. Please read the fund prospectuses carefully.

I have read and understand the terms contained in this form. I accept these terms and understand that these terms do not cover all the details of the Plan or products.

[] Please contact me regarding transferring my other pre-tax retirement plans.

Signature: _____ Date: _____

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

Form Return

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

By fax: 1-877-677-4329
By email: rpublic@nationwide.com

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Volusia County
457(b) 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. The product information brochure and fund prospectuses are available upon request at www.volusiadeferredcomp.com or by calling 1-877-677-3678.
2. The maximum annual contribution amount to all 457(b) plans is currently the lesser of \$18,500 or 100% of includible compensation, as indexed, per 457(e)(15) of the IRS code. This annual amount may increase each year depending on the changes in the cost of living. Under certain circumstances, additional amounts above the limit may be contributed to 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 limits. 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 may withdraw funds from the Plan only upon severance from employment; disability retirement; at age 70½; upon an unforeseeable emergency approved by NRS and/or my employer; or I may take a one-time de minimus withdrawal if my account value is \$5,000 or less (as adjusted) and I have not contributed to the Plan for two or more years. Withdrawal for purchase or repayment of service credits in a Governmental Defined Benefit Plan may also be permitted. Additionally, funds may be withdrawn upon my death. All withdrawals of funds must be in compliance with the Internal Revenue Code, applicable regulations, and the Plan Document.
4. Generally, distributions from the Plan must begin no later than the April 1 following the year I reach age 70½ (or age 72 if born after June 30, 1949). If I continue to work for this employer beyond age 70½ (or age 72 if born after June 30, 1949), generally, my distributions must begin no later than April 1 following the year I separate from service or retire. All distributions are taxable as ordinary income and are subject to income tax in the year received. My distributions must be made in a manner that satisfies the minimum distribution requirements of Internal Revenue Code Section 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 50% federal excise tax.
5. The funds in my account may be eligible for rollover to a traditional or 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 am 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 Administrative Services Provider shall be responsible for those tax consequences.
6. I understand that all amounts contributed to the Plan and earnings on those 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 contribution amount is made available to the participant or beneficiary.
7. I understand that I may make changes among the investment within my account, but any changes may be subject to restrictions. Changes may be made by calling 1-877-677-3678 or by logging on to www.volusiadeferredcomp.com.
8. I understand I must contribute a minimum of \$10 per pay into the Plan to satisfy minimum plan requirements.
9. I understand that no changes will be effective until they are processed by the Administrative Services Provider.
10. 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 Administrative Services Provider, provided that this designation is accepted by the Administrative Services Provider prior to my death. I further understand that a benefit 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 receive benefits only if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid as set forth in the Plan Document only.
11. 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.

Default Investment Option

I understand that contributions to my account will be invested in a Nationwide Target Destination Series.

Table with 2 columns: Year I was born, The fund closest to the year I turn age 65. Rows include age ranges from 1952 or before to 1993 or after, each linked to a specific Nationwide Destination Fund.

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. Additionally, Nationwide may enter into arrangements to allocate all or a portion of these payments to plan sponsors for plan expenses. For more detail about the payments Nationwide receives, please visit www.volusiadeferredcomp.com.

Endorsement Disclosure

Nationwide has 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.volusiadeferredcomp.com.

Consent To Paperless Delivery And Access

By providing your email address on this form, 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 1-877-677-3678 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 Your Paperless Delivery Preferences

You are able to update your email address or change your Paperless Delivery Preferences anytime either on the website 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.