



Maricopa County Deferred Compensation Plan Participation Agreement & Service Request

Personal Information

Plan Name: Maricopa County Deferred Compensation Plan Plan ID: 0046647001

Name: _____

Date of Birth: _____ SSN: _____ Gender: Male Female

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Pay Center: 1 (Maricopa County) 3 (Housing Authority) Department: _____

Employee ID Number: _____ Email: _____

Paperless Delivery Consent

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.

Deferral Election & Payroll Frequency

New Change Restart

457(b) Pre-Tax \$ _____ OR _____% Payroll Frequency: Bi-Weekly

457(b) Roth After-Tax \$ _____ OR _____% Start Contribution On (Pay Period): _____

Total \$ _____ OR _____% **Final pay request.** This is a request to defer a portion of your final pay at termination or retirement.

Automatic Contribution Increase Election (Optional)

I elect to participate in an annual automatic contribution increase.

If selected, this increase will automatically occur annually as soon as administratively feasible for the date selected below. Increases can only occur for money source(s) (Pre-Tax) and mode(s) (\$ or %) that you are currently contributing. Please do not select a date of 02/29; if selected, Nationwide will process on 02/28.

457(b) Pre-Tax Increase – Dollar Amount: _____ OR Percent: _____%

457(b) Roth Increase – Dollar Amount: _____ OR Percent: _____%

Increase Contribution Annually on: _____ (MM/DD)

Additional information regarding the automatic contribution increase option can be found in the attached Memorandum of Understanding.

I elect to stop my annual automatic contribution increase.

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: _____

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 -

Target Destination Series

_____ % VITRX Vanguard Instl Trgt Retire Inc Instl

_____ % VITVX Vanguard Instl Trgt Retire 2015 Instl

_____ % VITWX Vanguard Instl Trgt Retire 2020 Instl

_____ % VRIVX Vanguard Instl Trgt Retire 2025 Instl

_____ % VTTWX Vanguard Instl Trgt Retire 2030 Instl

_____ % VITFX Vanguard Instl Trgt Retire 2035 Instl

_____ % VIRSX Vanguard Instl Trgt Retire 2040 Instl

_____ % VITLX Vanguard Instl Trgt Retire 2045 Instl

_____ % VTRLX Vanguard Instl Trgt Retire 2050 Instl

_____ % VIVLX Vanguard Instl Trgt Retire 2055 Instl

_____ % VILVX Vanguard Instl Trgt Retire 2060 Instl

_____ % VSXFX Vanguard Instl Trgt Retire 2065 Instl

International

_____ % DODFX Dodge & Cox International Stock Fund

_____ % RERGX EuroPacific Growth Fund(R) (Class R6)

_____ % VTIAX Vanguard Total International Stock Index Fund (Admiral Shares)

Small Cap

_____ % AVFIX American Beacon Small Cap Value Fund (Institutional Class)

_____ % VSCIX Vanguard Small Cap Index Fund (Institutional Shares)

Mid Cap

_____ % BGRIX Baron Growth (Institutional Class)

_____ % VASVX Vanguard Select Value Fund

_____ % VMCIX Vanguard(R) Mid Cap Index Fund (Institutional Shares)

_____ % RPMGX T. Rowe Price Mid Cap Growth Fund

Large Cap

_____ % CISIX Calvert US Large Cap Core Resp

_____ % FCNTX Fidelity Contrafund

_____ % PEQX Putnam Equity Income R6

_____ % VFIAX Vanguard 500 Index Admiral

Bonds

_____ % PHIYX PIMCO High Yield Fund (Institutional Class)

_____ % PATTRX PIMCO Total Return Fund (Institutional Class)

_____ % VBIRX Vanguard Short-Term Bond Index Fund

_____ % VBTIX Vanguard(R) Total Bond Market Index Fund (Institutional Shares)

Fixed/Cash

_____ % Maricopa Fixed Option

_____ % VMFXX Vanguard Federal Money Market Investor fund

100% Total for both columns must equal 100%¹

1. If I select an investment option that is closed or unavailable, or if I elect a total investment allocation percentage that is less than 100%, I agree that the money will be placed into the default investment option, which is the Target Date Retirement Fund closest to the year in which you turn age 65. If the total investment option percentage is greater than 100%, My application will be returned to me and my allocations will not be processed.

Enroll me in asset rebalancing. 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.

Authorization

- Please send me a copy of the Informational Brochure/Prospectus(es)
- Please contact me regarding transferring my other pre-tax retirement plans
- Please send me forms regarding the Catch-up Provisions
- I am in interested in learning more about ProAccount managed account service

I hereby elect the deferral amount stated above. I understand my deferral will continue until otherwise authorized in accordance with the Plan. The deferrals will be allocated to the funding options in the percentages elected above. I understand some investment options may impose a short-term trading fee. I understand I should read the fund prospectuses carefully.

I have read and understand each of the statements on the front and back of this form, which have been drafted in compliance with 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

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

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



Maricopa County Deferred Compensation Plan Memorandum of Understanding

Page 5 of 6

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 by contacting:

- The Nationwide Customer Service Representative at 800-598-4457
 - The local Nationwide Retirement Specialist at (602) 266-2733
 - The Maricopa County Plan website at maricopadc.com
 - The benefits section of the Maricopa County Intranet: ebc.maricopa.gov
1. 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. Under certain circumstances, additional amounts above the limit may be contributed in the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of the Plan's Normal Retirement Age and did not contribute the maximum amount to the 457 Plan in prior years. The Plan Document provides additional details about contribution limits. Contributions in excess of maximum amounts are not permitted and will be reported as taxable income when refunded. It is my responsibility to ensure my contributions to all 457(b) plans in which I participate regardless of employer do not exceed the annual limit.
 2. I may withdraw funds from the Plan only upon severance from employment; at age 59½ (if deferrals have stopped); upon an unforeseeable emergency approved by the Plan; or I may take a one time in-service withdrawal if my account value is \$5,000.00 or less (as adjusted) and I have not contributed into the Plan for two or more years. In some cases withdrawal for purchase or repayment of service credits in a Governmental Defined Benefit Plan 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.
 3. 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.
 4. 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.
 5. I understand that all amounts contributed into the plan and earnings on the 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 contributed amount is made available to the participant or beneficiary.
 6. I understand that I must defer a minimum of \$10.00 per month into the Plan to satisfy minimum plan requirements.
 7. I understand that no changes will be effective until they are processed in the Deferred Compensation Service Center and no earlier than the next available payroll date in the month following the date of the request.
 8. I understand that if the total investment option allocation is greater than 100% my application will be rejected and my allocations will not be processed.
 9. I understand the Maricopa Deferred Compensation Board reviews the Investment Options periodically and makes changes to the fund lineup if necessary.
 10. Currently, the investment options will be assessed up to a maximum of 0.11% explicit asset fee. This is subject to change.
 11. 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." In order to be a qualified distribution, the distribution must be made five or more years after January 1 of the first year the participant made Roth contributions to the Plan and must be made on or after the attainment of age 59½, 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 January 1 of the year of the first contribution to a designated Roth account. A non-qualified Roth distribution may result in an additional 10% early withdrawal tax on the portion of the distribution includible in gross income if made from rollovers to this Plan from a qualified plan or a 403(b) plan, and no statutory exceptions apply. Please note that once made, contributions and/or rollovers to a Roth account may not be reversed. In the event the participant desires to make contribution changes, only future contributions and/or rollovers can be redirected (contributed as pre-tax funds).
 12. Enrollment or contribution changes will be made according to your plan document provisions, following receipt of the participant's request. The employer's processing schedule will determine the actual effective date of the contribution. It is the Plan Sponsor's/Plan Center's responsibility to ensure deferrals do not commence too early.

Maricopa Fixed option

1. The Maricopa Fixed Option consists of the Nationwide Life Insurance Company Governmental Plans Fixed Annuity and the Nationwide Life Insurance Company Group Flexible Purchase Payment Deferred Managed Separate Account Annuity Contract. At the direction of the County, Nationwide will blend the interest rates of the two underlying options in order to provide one overall crediting rate. All new deferrals will be contributed to the Nationwide Life Insurance Company Group Flexible Purchase Payment Deferred Managed Separate Account Annuity Contract. The Nationwide Life Insurance Company Governmental Plans Fixed Annuity will be closed to new deferrals and will be paid out into the Nationwide Life Insurance Company Group Flexible Purchase Payment Deferred Managed Separate Account Annuity Contract over 60 months.
2. A guaranteed interest rate for each participant is declared quarterly and credited daily. The quarterly interest rate for the contract will not be lower than the minimum annual rate.
3. Exchanges or transfers may be made based upon the following option as chosen by your entity (employer). Exchanges and/or transfers from the Fixed Annuity may be made up to 100% of my account value. The total of all participant exchanges and/or transfers shall not exceed 12% of the total amount held in the Deposit Fund for the entity (employer) under the Fixed Contract as of December 31 of the previous calendar year. Once this aggregate limit is met, no further exchanges or transfers will be permitted out of my Fixed Account for the remainder of the calendar year.

Exchange: An exchange is the movement of money between the Nationwide® Life Fixed Annuity options, Variable Annuity options and/or the mutual fund investment options available within the plan.

Transfer: A transfer is the movement of money between product providers within the same plan.

Mutual funds

Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

AUTO INCREASE

I understand that the participant elected automatic contribution increase option is only available if offered by the Plan and, if offered, will not take place until I elect this option. By selecting the participant elected automatic contribution increase option, my payroll contributions will automatically increase annually for the money source(s), the date and by the dollar or percentage amount selected. I may stop the participant elected automatic contribution increase at any time by calling 800-598-4457 completing a new Participation Agreement, or accessing maricopadc.com. Increase requests that do not match the current source and mode as I am currently contributing will not be processed. A selected date of 02/29 will not be processed, and will be changed to 02/28.

Endorsement 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 maricopadc.com. 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 maricopadc.com.

Mutual funds 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. 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 maricopadc.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 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 800-598-4457 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 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.