



Personal Information

Plan Name: City of Phoenix Deferred Compensation Program Plan ID: 0046644001
 Name: _____
 Date of Birth: _____ SSN or Employee ID: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ Work Phone: _____
 Department: _____ Gender: Male Female
 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

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

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.

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 -

American Funds Target Date Retirement Funds

_____ % RFTTX American Funds 2010 Target Date Retirement Fund

_____ % RFJTX American Funds 2015 Target Date Retirement Fund

_____ % RRCTX American Funds 2020 Target Date Retirement Fund

_____ % RFDTX American Funds 2025 Target Date Retirement Fund

_____ % RFETX American Funds 2030 Target Date Retirement Fund

_____ % RFFTXX American Funds 2035 Target Date Retirement Fund

_____ % RFGTX American Funds 2040 Target Date Retirement Fund

_____ % RFHTX American Funds 2045 Target Date Retirement Fund

_____ % RFITX American Funds 2050 Target Date Retirement Fund

_____ % RFKTX American Funds 2055 Target Date Retirement Fund

_____ % RFUTX American Funds 2060 Target Date Retirement Fund

International

_____ % RERGX American Funds EuroPacific Growth R6

_____ % VTIAX Vanguard Total International Stock Index Adm

Small Cap

_____ % US Small Cap Stock Portfolio

Mid Cap

_____ % US Mid Cap Stock Portfolio

_____ % VEXAX Vanguard Extended Market Index Adm

Large Cap

_____ % US Large Cap Stock Portfolio

_____ % VIXX Vanguard Institutional Index

Bonds

_____ % MWTSX Metropolitan West Total Return Bond Fund

Specialty

_____ % PAAIX PIMCO All Asset Institutional

Fixed/Cash

_____ % City of Phoenix Stable Income Fund

Total for both columns must equal 100%¹

1. If the total investment option allocation percentage equals less than 100%, the remainder will be allocated to the Plans default option, American Funds Target Retirement Date that most closely aligns to the year in which you will attain 65 years of age. If the total investment option percentage exceeds 100%, the deferral election will be rejected and your investment option selections will not be processed.

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 authorize the City of Phoenix to reduce my salary by the above amount which will be credited to the City of Phoenix Deferred Compensation Plan. Your contribution election will start as soon as administratively practicable following the execution of this Participation Agreement. The City's processing schedule will determine the effective date of the contribution. The reduction is to be allocated to the funding options in the percentages indicated above.

I HAVE READ AND UNDERSTAND EACH OF THE STATEMENTS ON 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. SOME MUTUAL FUNDS MAY IMPOSE A SHORT TERM TRADE FEE. PLEASE READ THE UNDERLYING PROSPECTUSES CAREFULLY.

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



City of Phoenix 457(b) Deferred Compensation Plan Memorandum of Understanding

Page 3 of 4

1. I understand that my participation in the City of Phoenix Deferred Compensation Plan is governed by the terms and conditions of the Plan Document. The product information brochure, fund prospectus and a copy of the Plan Document are available upon request by contacting:
 - The local Nationwide Retirement Specialist at 602-266-2733
 - The Nationwide Retirement Solutions website at phoenixdcp.com
 - The Nationwide Retirement Solutions Center Representative at 800-891-4PHX
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. 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.
3. 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." 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 that portion of the distribution that is includible in gross income, if made from rollovers to this Plan from a qualified plan like a 403(b) plan, unless a statutory exception applies. Please note that once made, contributions and/or rollovers to a designated 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).
4. I may withdraw funds from the Plan upon a loan or unforeseeable emergency withdrawal approved by the Plan. 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.
5. Generally, my distributions must begin no later than April 1st following the year I reach age 73. If I work beyond age 73, generally, my distributions must begin no later than April 1st following the year I have a severance from employment or retire. Please consult your plan document for further details. 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 the Plan and IRC Sec. 401(a)(9), which generally 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 25% federal excise tax.
6. 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 have been 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 Nationwide shall be responsible for those tax consequences.
7. I may exchange the accumulated value of my account at any time, among available investments, subject to certain terms and restrictions of those options and the Plan.
8. I understand that all products are optional and that I am responsible for my own selections.
9. I agree that if an allocation is made to a closed or unavailable investment option, or if my total investment option allocation is less than 100%, remainder will be allocated to the Plans default option, the American Funds Target Retirement Date that most closely aligns to the year in which you will attain 65 years of age. If the total investment option percentage exceeds 100%, the deferral election will be rejected and your investment option selections will not be processed.
10. I understand the City of Phoenix Deferred Compensation Board reviews the Investment Options periodically and makes changes to the fund lineup as necessary.
11. I understand that this form cannot be used for the purpose of a name change or an address change.
12. 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 for the Plan and/or the investment provider. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully. Changes may be made by calling 800-891-4PHX or by logging on to phoenixdcp.com.
13. If you designate a Primary and/or Contingent beneficiary who is less than 18 years old when you die and you do not designate a custodian under the Arizona Uniform Transfers to Minors Act ["UTMA"] for such minor beneficiary, a guardian may be required to be appointed by the court to receive payment of benefits on behalf of the minor. If you do not wish to name a custodian, you should consult an attorney to make arrangements to limit delays in the payment of funds and avoid unnecessary costs to your estate, in the event that the beneficiary is still a minor when you die.

Please note that although Arizona Revised Statutes (A.R.S.), Title 14, Trusts, Estates, and Protective Proceedings, define a "minor" as a person under the age of 18 years, under ["UTMA"], a "minor" is defined as a person under the age of 21 years.

If you wish to designate custodian(s) for minor beneficiary(ies) under the Arizona Uniform Transfers to Minors Act ("UTMA"), A.R.S. § 14-7651, et. seq., please ask the Plan Administrator for a City of Phoenix 457(b)/401(a) Plans Beneficiary Designation Supplemental Form For Minor Beneficiary Designations, which should be completed in addition to this form. The designation(s) made on that form should match the designation(s) reflected on the City of Phoenix 457(b)/401(a) Plans Beneficiary Designation Form. If the designations do not match, the most recently dated designation(s) shall supersede any previous designation(s) of beneficiary(ies).

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. It is the Plan Sponsor's/Pay Center's responsibility to ensure deferrals do not commence too early.

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 phoenixdcp.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 phoenixdcp.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 phoenixdcp.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 e-mail 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 800-891-4PHX 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 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.