



City of Santa Monica, CA 457(b) Plan Participation Agreement and Service Request

Personal Information

Name:	Social Security Number:
Address:	City, State, & Zip Code:
Date of Birth:	Home Phone Number:
Department:	Work Phone Number:
Date of Hire	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address:	

Check here if this is a name change (proof of name change must be attached). **Check here if this is a new address.**

Type of Request

New Change Reinstatement

NOTE: All increases, decreases and suspensions will be implemented no sooner than the first payroll of the month following the change. Please remember to check your paystub to confirm your selected contributions are accurately reflected and being processed.

Paperless Delivery Consent

Paperless Delivery: By providing your email address you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically. Unless you choose to have statements, account documents and other documents sent in connection with your retirement plan delivered via US Mail to the mailing address of record by checking the box below, these documents will be made available to you electronically. **I wish to receive my statements and account documents via US Mail.**

Deferral Summary & Payroll Frequency

	Dollar Amount* OR Percentage*	Start Contribution on:
Deferral Amount		Payroll Frequency: Please select your payroll frequency to insure timely processing. <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other _____
Special		
Total		

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 NRS Service Center.

* Check with your employer on whether your plan offers deferrals in percentages, dollar amounts or both.

Beneficiary Designation

Check here if this is a change of beneficiary. (Beneficiaries listed below replace any prior designation)
PLEASE NOTE: Percentage split must total 100% for each category of beneficiary.

If additional space for beneficiaries is required, attach additional sheets and mark this box:

Primary Beneficiary(ies) (must total 100%):

Beneficiary Name/Relationship	Social Security #	Phone #
Address	Date of Birth	% Split
Beneficiary Name/Relationship	Social Security #	Phone #
Address	Date of Birth	% Split

Contingent Beneficiary(ies) (must total 100%):

Total = 100%

Beneficiary Name/Relationship	Social Security #	Phone #
Address	Date of Birth	% Split
Beneficiary Name/Relationship	Social Security #	Phone #
Address	Date of Birth	% Split

Total = 100%

Funding Options

Asset Allocation- Nationwide® Investor Destination Series

_____ % Aggressive Fund (Service Class)
 _____ % Moderately Aggressive Fund (Service Class)
 _____ % Moderate Fund (Service Class)
 _____ % Moderately Conservative Fund (Service Class)
 _____ % Conservative Fund (Service Class)

International

_____ % American Century International Discovery Fund
 _____ % JP Morgan International Equity Fund (Select Shares)
 _____ % Nationwide® International Index Fund (Class A)
 _____ % Oakmark International Fund (Class I)
 _____ % Oppenheimer Global Fund (Class A)
 _____ % Templeton Foreign Fund (Class A)

Small Cap

_____ % Brown Capital Management Small Company Fund (Institutional Class)
 _____ % Nationwide® Variable Insurance Trust: Nationwide Multi-Manager NVIT Small Company Fund (Class I)
 _____ % Nationwide® Small Cap Index Fund (Class A)
 _____ % Neuberger Berman Equity Trust® - Genesis Fund
 _____ % Royce Special Equity Fund (Investment Class)

Mid Cap

_____ % American Century Vista Fund (Investor Class)
 _____ % JP Morgan Diversified Mid Cap Value Fund (Class A)
 _____ % Nationwide® Mid Cap Market Index Fund (Class A)

Large Cap

_____ % American Century Growth Fund (Investor Class)
 _____ % American Funds - The Growth Fund of America (Class A)
 _____ % Dreyfus Appreciation Fund, Inc.
 _____ % Dreyfus S&P 500 Index Fund

Large Cap (Continued)

_____ % Fidelity Contrafund
 _____ % Fidelity Equity-Income Fund
 _____ % Invesco Vanguard Wellington™ Fund (Investor Shares)
 _____ % Janus Equity Funds - Janus Fund
 _____ % Nationwide® Large Cap Portfolio
 _____ % Nationwide® S&P 500 Index Fund (Institutional Service Class)
 _____ % Neuberger Berman Equity Funds® - Neuberger Berman Socially Responsive Fund (Investor Class)
 _____ % T. Rowe Price Growth Stock Fund (Advisor Class)
 _____ % VanKampen Growth & Income Fund (Class A)

Balanced

_____ % American Funds - The Income Fund of America (Class A)

Bonds

_____ % Dodge & Cox Income Fund
 _____ % Nationwide® Bond Index Fund (Class A)
 _____ % PIMCO Total Return Fund (Class A)
 _____ % Waddell & Reed Advisors High Income Fund (Class Y)

Fixed/Cash

_____ % Federated U.S. Government Securities: 2-5 Year Trust (Institutional Class)
 _____ % Morley Stable Value Fund - DCVA
 _____ % Nationwide® Fixed Account
 _____ % Nationwide® Money Market Fund (Prime Shares)
 _____ % Santa Monica Credit Union

100% Total for both columns must equal 100%¹

¹ If the total investment option allocation percentage equals less than 100%, the difference will be invested in the default option, the Nationwide Money Market Fund. If the total investment option percentage is greater than 100%, my application will be returned to me and my allocations 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.

I authorize my Employer to make the contribution(s) to the Plan in the amounts I have designated above. The contribution(s) will continue until otherwise authorized in accordance with the Plan. The withholding of my contribution(s) 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 Public Sector Service Center in conjunction with the set-up time required by my payroll center. The contribution(s) is to be allocated to the funding options in the percentages indicated above. I understand some investment options may impose a short-term trade fee. I understand I should read the fund prospectuses carefully.

I have read and understand the terms contained in this form, including the attached Memorandum of Understanding, which is incorporated therein.

I accept these terms and understand that these terms do not cover all the details of the Plan or products.

Participant Signature:	Date:
Retirement Specialist Name:	Agent Number:

Please return your completed application to: **NATIONWIDE RETIREMENT SOLUTIONS**
 P.O. BOX 182797
 COLUMBUS OH 43218-2797
 Fax Number: 1-877-677-4329

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.santamonicadc.com or by calling 1-877-NRS-FORU.
2. The total annual deferral amount to all 457(b) plans is the lesser of \$17,500 or 100% of includible compensation. Under certain circumstances, additional amounts above the limit may be deferred 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 defer the maximum amount in prior years. The Plan Document provides additional details about deferral limits. Deferrals in excess of maximum amounts are not permitted and will be considered taxable income when refunded. It is my responsibility to ensure my deferrals do not exceed the annual limit.
3. I may withdraw funds from the Plan only upon severance from employment; at age 70 1/2 (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 or less (as adjusted) and I have not deferred 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.
4. Generally, my distributions must begin no later than April 1st following the year I reach age 70 1/2. If I work beyond age 70 1/2, generally, my distributions must begin no later than April 1st following the year I have a severance from employment or retire. All distributions are taxable as ordinary income and subject to income tax in the year received. Generally, my distributions must be made in a manner that satisfies the minimum distribution requirements of 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 a 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 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 the Plan Administrator shall be responsible for those tax consequences.
6. I understand that all amounts deferred into the plan and earnings on the amounts deferred 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 deferred amount is made available to the participant or beneficiary.
7. I understand that all products are optional.
8. I understand I must defer a minimum of \$20 per month into the Plan to satisfy minimum plan requirements.
9. 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. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully. Changes may be made by calling 1-877-NRS-FORU (1-877-677-3678) or logging on to www.santamonicadc.com.
10. I understand that no changes will be effective until they are processed in the Deferred Compensation Service Center.
11. Participants enrolling or electing to increase 457 deferrals must provide includible compensation data acceptable to NRS and notify NRS of any subsequent decrease in includible compensation.
12. 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.

FIXED OPTION

1. The Fixed Option is comprised of products offered by Nationwide Life Insurance Company and Commonwealth Life Insurance Company.
2. The interest yield will be declared each quarter and will be a blended rate based upon the interest yield provided by the companies and the assets in the fund.
3. 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.

I may elect up to four exchanges/transfers out of the Nationwide Fixed Annuity within a calendar year.

Additionally, a 5-year Exchange/Transfer provision allows for the systematic movement of 100% of my account value out of the Fixed Account on a monthly basis over a five-year period. If elected, I cannot defer, exchange, or transfer into my Fixed Account for the 5-year term without cancelling the Provision.

Exchange - An exchange is the movement of money between the Nationwide Life Fixed and Variable Annuity options and/or between the funds in the Variable annuity option.

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

4. Nationwide may earn a spread on assets held in the Nationwide Fixed Account, which is reflected in the crediting rate. The spread represents the difference between what Nationwide earns on investments and what it credits to the Fixed Account as interest.

Memorandum of Understanding

VARIABLE OPTION

1. I understand that retirement income payments and termination values (if any), provided by the contract are variable when based on the investment experience of a separate account and are not guaranteed as to the dollar amount.
2. Nationwide charges a fee of 35 basis points for the Santa Monica Credit Union. For all other funds, Nationwide does not charge an explicit fee on participant accounts.

MORLEY STABLE VALUE RETIREMENT FUND

1. The Morley Stable Value Retirement Fund is not a mutual fund.
2. I understand that an administrative fee is deducted daily from this short term investment option, not to exceed the Maximum Variable Account Annual Expense Fee above.
3. I understand that exchanges to competing investment options must be held in a non-competing investment option for a minimum of 90 days before I can subsequently transfer to a competing option.

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 U.S. 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 U.S. Mail you can do so by contacting Customer Service at 1-877-677-3678 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 U.S. mail.

CHANGING YOUR E-MAIL ADDRESS AND YOUR 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 U.S. mail delivery.

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. For more detail about the payments Nationwide receives, please visit www.nrsforu.com.

ENDORSEMENT DISCLOSURE

Nationwide Retirement Solutions, Inc. and Nationwide Life Insurance Company have endorsement relationships with the National Association of Counties and the International Association of Firefighters Financial Corporation. More information about the endorsement relationships may be found online at www.nrsforu.com.

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.