



# 401(a) Special Pay Plan Participation Agreement

SUPPLEMENTAL RETIREMENT PLAN • 222 East Capitol Ave. Ste. 1 • Pierre, South Dakota 57501-2564 • (605) 224-2230

Please complete the following accurately and completely with a ballpoint pen; print clearly. The information you provide should be current as of the date the form is completed. All employees who have fulfilled the eligibility requirements to participate in the plan must complete the personal information, beneficiary designation and authorization sections. .

## Personal Information

Employer Name:	Plan ID: 0051090002
Name:	Social Security Number:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Address:	City, State, & ZIP:
Home Phone Number:	Work Phone Number:
Email Address:	

## 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.

## Investment Allocations

Initially funds will be invested into the Prudential Guaranteed interest Contract. Once the funds have posted to your account and you have received your confirmation letter, the funds are available to be reallocated into other investment options offered in the plan. You can make those changes on the web site (SRP457.com) or by calling 800-959-4457 or 605-224-2230.

## 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 they may be attached on a separate sheet.**

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

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

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

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

## Authorization

Please make sure that you read the Memorandum of Understanding on the reverse side. Check to make sure that you have completed each section fully. **Employee must also sign reverse side of form.**

Employee Signature:	Date:
Employer Signature:	Date:

## Form Return

Once this form is completed and signed by both the Employee and Employer, please return the form to:

SDRS Special Pay Plan  
222 E. Capitol Ave. Ste. 1  
Pierre, SD 57501



# 401(a) Special Pay Plan Memorandum of Understanding

I understand that the purpose of the Memorandum of Understanding is to highlight some of the characteristics, restrictions and costs of participation in the Plan. I further understand that, while all efforts have been made to cover the main provisions of participation in the Plan, this Memorandum of Understanding is not intended to cover all specific details of the Plan.

I have read and hereby acknowledge the following:

### General Provisions of Participation

My employer has adopted the 401(a) Special Pay Plan, which is administered by Nationwide Retirement Solutions (NRS).

I have reviewed and understand this Memorandum along with the informational Brochure. I have had the opportunity to contact NRS with questions regarding the terms of my participation within the Plan.

1. The internal Revenue Code (Code) sets limits on the maximum amount that may be contributed on my behalf to the Plan and other retirement accounts on an annual basis. It is my responsibility to adhere to these maximums. Upon request, an NRS representative will provide me assistance to determine my contribution limits.
2. I may elect one or more beneficiaries to receive the proceeds of my account upon my death. My beneficiary elections must be made on a form provided by NRS and become effective only upon acceptance and processing of the form by NRS. Should I fail to make such election, upon death, my benefits shall be paid as follows: (1) to my surviving spouse; (2) if I have no surviving spouse, then to all my surviving children irrespective of age, on a share-alike basis; or (3) if I have no surviving spouse and no surviving children, then to my estate.
3. I must begin distributions from my account within the Plan no later than April 1st following the calendar year in which I attain age 70 ½. However, should I still be working at age 70 ½, I may defer distributions until the date I actually retire.
4. Distributions from my account will be taxable. Upon distribution, I will receive a special tax withholding notice that describes the options then available to me.
5. I will notify NRS, in writing, of any financial changes, non-financial changes, or requests for distribution.
6. Loans are not available from the Plan or my account within the Plan.
7. I understand that to participate in the Plan I must be a terminated employee of a participating Employer, must be over age 55 or have reached the first day of the calendar month prior to my 55th birthday and must receive \$600 or more in special termination pay.
8. I understand that my participation in the Plan is subject to the terms set forth herein as well as all state laws and rules adopted by the SDRS Board of Trustees with respect to administration, fees, and procedures related to the Plan.
9. I understand that I may be able to transfer a portion or all of my account by rollover to a plan which is an eligible retirement plan under Internal Revenue Code Sections 401(a), 403(b), 408, or 457.

### Provisions of Investment Options

1. The investment options available to me through participation in the Plan, unless otherwise noted, are variable and subject to increase or decrease in value according to changes in the securities markets. My principal (contribution amount) is not guaranteed under most investment options.
2. I may request additional information regarding any of the investment options available to me under the Plan by contacting NRS.
3. I understand that my ability to transfer any portion of my account balance from one investment alternative to another is subject to any limitations imposed by the administrator, investment provider, or the SDRS Board of Trustees.

### Consent to Paperless Delivery and Access

By providing your email address, 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 SDRS Supplemental Retirement Plan 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 605-224-2230 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.

**I have read and understand each of these statements on this form. I accept these terms and understand that these statements do not cover all of the details of the Plan or the investment products offered with the Plan.**

Employee Signature:	Social Security #:	Date:
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