



1. Plan Information

Plan Number: 0062868001 Plan Name: Sea Island 401(k)
Plan Type: 401(k)

2. Participant Information

Name: _____ SSN: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Phone: _____
Email: _____

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.

3. Contribution Election or Change Amount (do not complete for 401(a) plans)

I elect to participate and contribute the amount stated below. (Complete either dollar amounts or percentages, not both) If you do not wish to participate, enter 0 in the Total Deferral field and complete the rest of this form.

Pre-Tax Deferral: \$ _____ OR _____ %
Roth After Tax Deferral: \$ _____ OR _____ %
Total Deferral: \$ _____ OR _____ %

4. Beneficiary Designation (replaces any prior designation)

Check here if this is a change of beneficiary. (Beneficiaries listed below replace any prior designation)

NOTE: Percentage split must total 100% for each category of beneficiary. If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%.

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

Primary Beneficiary(ies) (must total 100%): If married, your spouse must be the only primary beneficiary unless your spouse consents to the beneficiary designation in the next section.

- 1. Full Name: _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____
- 2. Full Name: _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____
- 3. Full Name: _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____
- 4. Full Name: _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____

4. Beneficiary Designation (continued - replaces any prior designation)**Contingent Beneficiary(ies)** (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: _____
3. **Full Name:** _____ Allocation: _____ %
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____
4. **Full Name:** _____ Allocation: _____ %
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____

5. Spousal Consent (required if you're married and designate less than 100% to your spouse)

If married, your spouse must sign, acknowledging the Disclosure Statement below. Additionally, your spouse's signature must be witnessed by the Plan Sponsor or a Notary.

Not Applicable - I certify I am not married and/or the plan does not require spousal consent.

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse Information:

Printed Name: _____

Signature: _____ Date: _____

Witnessed by Plan Sponsor:

Signature: _____ Date: _____

Witnessed by Notary:

State of _____, in the county of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on _____ (mm/dd/yyyy).

Notary Information:

Printed Name: _____

Signature: _____

Date: _____

My commission expires: _____

NOTARY SEAL/STAMP

6. Investment Fund Allocation Election (select your investments below)Asset Allocation

_____% Invesco Equity and Income R6
 _____% Vanguard Target Retirement 2015 Investor
 _____% Vanguard Target Retirement 2020 Investor
 _____% Vanguard Target Retirement 2025 Investor
 _____% Vanguard Target Retirement 2030 Investor
 _____% Vanguard Target Retirement 2035 Investor
 _____% Vanguard Target Retirement 2040 Investor
 _____% Vanguard Target Retirement 2045 Investor
 _____% Vanguard Target Retirement 2050 Investor
 _____% Vanguard Target Retirement 2055 Investor
 _____% Vanguard Target Retirement 2060 Investor
 _____% Vanguard Target Retirement 2065 Investor
 _____% Vanguard Target Retirement Income Investor

International

_____% American Funds New World R6
 _____% American Funds New Perspective R6
 _____% Fidelity International Index

Government

_____% Vanguard GNMA Admiral

Small Cap

_____% AB Small Cap Growth Z
 _____% Fidelity Small Cap Index
 _____% JPMorgan Undiscovered Managers Behavioral Value R6

Mid Cap

_____% Fidelity Mid Cap Index
 _____% Fidelity Value
 _____% JPMorgan Mid Cap Growth R6

Large Cap

_____% Dodge & Cox Stock
 _____% Fidelity 500 Index
 _____% JPMorgan Large Cap Growth R6

Bonds

_____% PIMCO Income Fund Institutional
 _____% PGIM Short-Term Corporate Bd R6
 _____% PGIM Total Return Bond R6

Short Term

_____% Morley Stable Value 25 I

100 % Total for both columns must equal 100%¹

¹The allocation of your funding options must be in whole percentages. If allocations do not total 100%, the unallocated portion will be invested into the plan's default investment option.

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 at 833-268-7080.

7. Authorization

I hereby elect the deferral amount (if applicable) and investment fund allocation stated above. I understand my deferral election and investment allocation will continue until elected otherwise. Some mutual funds may impose a short-term trading fee and/or purchase block. Investing involves market risk, including possible loss of principal. No investment strategy or program can guarantee a profit or avoid loss. Before investing you should read the fund prospectuses carefully. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

8. Form Return

By Mail: Nationwide Retirement Plans
 PO Box 182797
 Columbus, OH 43218-2797

By Fax: 877-677-4329
By Email: rpublic@nationwide.com