NACo
PARTICIPATION AGREEMENT, PAYROLL DEDUCTION AUTHORIZATION and SERVICE REQUEST for 457 and 401(a) PLANS

PLEASE READ THE REVERSE SIDE OF THIS FORM PRIOR TO COMPLETION

II. EMPLOYER (PLAN) ID: ☐☐☐☐☐☐☐☐☐☐

Employer's Name ______________________
Employer's Address ______________________
Payroll Center Name ______________________
Payroll Center Phone # (_____) ______________
ID Code ______________________

Choose Plan Type: ☐ 457 Plan ☐ 401(a) Plan ☐ Both 457 Plan and 401(a) Plan

I. Social Security Number ☐☐☐–☐☐–☐☐☐☐ Date of Birth ☐☐–☐☐–☐☐ (Month Day Year) Sex M ☐ F ☐

Includible Compensation $ __________ Occupation ______________ Check here if OBRA ☐

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Last First MI

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

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Number & Street Additional Mailing Information

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City State Zip Code

☐ Check here if this is a new address

Home Phone ☐☐☐ ☐☐☐ ☐☐☐☐ Work Phone ☐☐☐ ☐☐☐ ☐☐☐☐ Email Address ______________ Ext. ________

III. TYPE OF REQUEST: ☐ New ☐ Change ☐ Reinstatement

☐ ***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.***

IV. CONTRIBUTION SUMMARY

			OLD	NEW
☐ 457 ☐ 401(a)	Pre-Tax	$ or %	______	$ or % ______
☐ 457	Roth*	$ or %	______	$ or % ______
	Total	$ or %	______	$ or % ______

*May not be offered by your plan. Roth contributions are made on an after-tax basis. Generally, contributions can start or increase no earlier than the first day of the month following the month this application is signed. Start contribution on: ____________

VI. PAYROLL FREQUENCY:
☐ Weekly (W)-52 ☐ Monthly (M)-12 ☐ Semi-Monthly (X)-24
☐ Bi-Weekly (Z)-26 ☐ Other ______________

VII. SPECIAL PAY PERIOD ENDING DATE
Start ______________
Stop ______________
# of pay periods ______________

V. CATCH-UP Provision Utilized: ☐ Yes, 3-year ☐ Yes, Age 50+ ☐ No

Normal Retirement Age: ______________________

VIII. FUNDING OPTIONS – ***Only for New Business – Must be in Whole % and must TOTAL 100%. Pre-tax and Roth contributions will use the same investment election and allocation. If you wish to have different selections, contact a CSR at 1-877-NRS-FORU (1-877-677-3678).***

Asset Allocation - Nationwide® Target Destinations series
_______% Destination 2015 Fund (Institutional Service Class)
_______% Destination 2020 Fund (Institutional Service Class)
_______% Destination 2025 Fund (Institutional Service Class)
_______% Destination 2030 Fund (Institutional Service Class)
_______% Destination 2035 Fund (Institutional Service Class)
_______% Destination 2040 Fund (Institutional Service Class)
_______% Destination 2045 Fund (Institutional Service Class)
_______% Destination 2050 Fund (Institutional Service Class)
_______% Retirement Income Fund (Institutional Service Class)

Asset Allocation - Nationwide® Investor Destination Series
_______% Investor Destinations Aggressive Fund (Service Class)
_______% Investor Destinations Moderate Aggressive Fund (Service Class)
_______% Investor Destinations Moderate Fund (Service Class)
_______% Investor Destinations Moderate Conservative Fund (Service Class)
_______% Investor Destinations Conservative Fund (Service Class)

International
_______% American Century International Discovery Fund (Investor Class)
_______% Nationwide® International Index Fund (Class A)
_______% Nationwide® International Value Fund (Institutional Service Class)
_______% Oppenheimer Global Fund (Class A)

Small Cap
_______% Nationwide® U.S. Small Cap Value Fund (Institutional Service Class)
_______% Brown Capital Mgmt. Small Company Fund[3] (Institutional Class)
_______% Nationwide® Variable Insurance Trust: - NVIT Multi-Manager Small CompanyTrust (Class I)
_______% Nationwide® Small Cap Index Fund (Class A)
_______% Neuberger Berman Genesis Fund (Trust Class)

Mid Cap
_______% American Century Vista(SM) Fund Class A
_______% JP Morgan Mid Cap Value Fund (Class A)
_______% Nationwide® Mid Cap Market Index Fund (Class A)

Large Cap
_______% American Century Growth Fund (Investor Class)
_______% American Century Value Fund (Investor Class)
_______% American Funds The Investment Company of America Fund (Class A)[1,3]
_______% Dreyfus Appreciation Fund
_______% Edgar Lomax Value Fund
_______% Fidelity Contrafund [2,3]
_______% Fidelity Equity-Income Fund[3]
_______% Fidelity OTC Portfolio[3]
_______% Nationwide® Fund (Class D)
_______% Nationwide® Large Cap Growth Portfolio
_______% Nationwide® S&P 500 Index Fund (Institutional Service Class)
_______% Neuberger Berman Socially Responsive Fund (Investor Class)
_______% SEI Institutional Managed Trust - S&P 500 Index (Class E)
_______% T. Rowe Price Growth Stock Fund (Advisor Class)
_______% Van Kampen Growth & Income Fund (Class A)

Balanced
_______% Fidelity Puritan Fund[3]

Bonds
_______% Federated U.S. Govt. Securities 2 - 5 yrs Trust (Institutional Shares)
_______% MFS High Income Fund[4] (Class A)
_______% Nationwide® Bond Index Fund (Class A)
_______% PIMCO Total Return Fund (Class A)
_______% Waddell & Reed Advisor High Income Fund (Class Y)

Fixed/Cash
_______% AIM STIT Treasury Portfolio[3] (Institutional Class)
_______% Morley Stable Value Retirement Fund[4]
_______% Nationwide® Fixed Account
_______% Nationwide® Money Market Fund (Prime Shares)

_______% **TOTAL FOR EACH COLUMN MUST EQUAL 100%**

Availability of life insurance options and other investment options may vary by plan. If an allocation is made to a closed or unavailable investment option, the allocation will be made to the default option, the Nationwide® Money Market Fund. 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%, your application will be rejected and your allocations will not be processed.

1. The Investment Company of America Funds are only available to entities that adopted the funds prior to July 1, 1994.
2. Fidelity Contrafund is only available to entities that adopted the fund prior to July 1, 1998.
3. This fund is in the Passage Series and may not be available in your plan. Please contact the Public Sector Service Center at www.nrsforu.com or 1-877-NRS-FORU (1-877-677-3678) or your enroller for details.
4. This fund is a non-annuity fund and may not be available in your plan. Please contact the Public Sector Service Center at www.nrsforu.com or 1-877-NRS-FORU (1-877-677-3678) or your enroller for details.

IX. ☐ **Check here if this is a change of beneficiary.** *(Any changes in the beneficiary designations supersede any prior beneficiary designations).*

Primary Beneficiary ______________________ ______________ ______________
Name (Please Print) Relationship Date of Birth

Contingent Beneficiary ______________________ ______________ ______________
Name (Please Print) Relationship Date of Birth

Attach a separate sheet if you have more primary or contingent beneficiaries. Check this box ☐ if a separate sheet is attached.

☐ Please send me a copy of the Informational Brochure.

☐ **Please contact me regarding transferring my other pre-tax or Roth retirement plan assets to my Deferred Compensation Plan.**

I authorize my Employer to reduce my salary by the above amount which will be credited to my employer's Plan. The reduction will continue until otherwise authorized in accordance with the Plan. The withholding of my deferred 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 Plan Administrator in conjunction with the set-up time required by my payroll center. The reduction is to be allocated to the funding options in the percentages indicated above. Some mutual funds may impose a short-term trade fee. Please read the underlying 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.

______________________ ______________ ______________________ ______________________
Participating Employee's Signature Date Retirement Specialist's Signature Retirement Specialist's Number