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

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

II. EMPLOYER (PLAN) ID: ☐☐☐☐☐☐☐☐☐

Employer's Name _____

Employer's Address _____

Payroll Center Name _____

Payroll Center Phone # (____) _____

ID Code _____

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

Includible Compensation $ _____ Occupation _____ Check here if OBRA ☐ B

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)

_____ (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

IV. DEFERRAL SUMMARY OLD NEW

$ or % _____ $ or % _____

Generally, deferrals can start or increase no earlier than the first day of the month following the month this application is signed. Start Deferral on: _____

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

Normal Retirement Age: _____

☐ ***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.***

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 _____

VIII. FUNDING OPTIONS – ***Only for New Business – Must be in Whole % and Total 100%***

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 BOTH COLUMNS 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 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