NACo
PARTICIPATION AGREEMENT, PAYROLL DEDUCTION AUTHORIZATION and SERVICE REQUEST for DEFERRED COMPENSATION PLAN

PLEASE READ THE REVERSE SIDE OF THIS FORM PRIOR TO COMPLETION

II. EMPLOYER (ENTITY) Number: ☐☐☐☐☐☐

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

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

IV. DEFERRAL SUMMARY

	OLD	NEW
Annuity Amount	$ _____	$ _____
Survivor Income	$ _____	$ _____
Universal Life[1]	$ _____	$ _____
Term Insurance[1]	$ _____	$ _____
SUB TOTAL	**$ _____**	**$ _____**
SPECIAL	$ _____	$ _____
TOTAL DEFERRAL	**$ _____**	**$ _____**

SPECIAL PAY PERIOD ENDING DATES

Start _____ (Annuity only) # of Pay Periods

Stop _____ _____

V. FREQUENCY:

☐ Weekly (W)-52 ☐ Monthly (M)-12 ☐ Semi-Monthly (X)-24
☐ Bi-Weekly (Z)-26 ☐ Other _____

VI. CHANGES IN UNIVERSAL LIFE COVERAGE

☐ Increase ☐ Decrease ☐ Cancel
☐ Cancel and Transfer Cash Surrender Value to Annuity

Policy # _____ ☐ Current Allocation

$ _____ (Old Face Amt.) $ _____ (New Face Amt.) ☐ _____

*INCREASES IN FACE OR BENEFIT AMOUNTS REQUIRE A NEW LIFE APPLICATION. INDICATE CHANGES IN DEFERRAL AMOUNTS IN THE *DEFERRAL SUMMARY*.
** LIFE INSURANCE POLICIES ARE NOT AVAILABLE TO NEW APPLICANTS

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

Expected retirement date: _____

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

ASSET ALLOCATION - GARTMORE INVESTOR DESTINATIONS SERIES

_____% (NCV70N) Aggressive Fund (Svc. Class)
_____% (NCV71N) Moderate Aggressive Fund (Svc. Class)
_____% (NCV72N) Moderate Fund (Svc. Class)
_____% (NCV73N) Moderate Conservative Fund (Svc. Class)
_____% (NCV74N) Conservative Fund (Svc. Class)

INTERNATIONAL

_____% (NCVC1N) JP Morgan Fleming International Equity Fund Select
_____% (NCV64N) Gartmore International Index Fund (Class A)
_____% (NCV42N) Oppenheimer Global (Class A)
_____% (NCV35N) Templeton Foreign Fund (Class A)

SMALL CAP

_____% (NCV57N) Brown Capital Mgmt. Small Company Fund[5] (Inst'l Shares)
_____% (NCV92N) Franklin Balance Sheet Investment Fund (Class A)
_____% (NCV41N) GVIT Small Company Fund (Class I)
_____% (NCV63N) Gartmore Small Cap Index Fund (Class A)
_____% (NCV93N) Neuberger Berman Genesis Fund (Trust Class)

MID CAP

_____% (NCV58N) American Century Value Fund (Investor Class)
_____% (NCV47N) Dreyfus Premier MidCap Stock Fund (Class A)
_____% (NCV18N) INVESCO Dynamics Fund (Investor Class)
_____% (NCVB3N) JP Morgan Mid Cap Value Fund (Class A)
_____% (NCV62N) Gartmore Mid Cap Market Index Fund (Class A)
_____% (NCV98N) One Group Mid Cap Growth Fund (Class A)
_____% (NCV99N) One Group Mid Cap Value Fund (Class A)

LARGE CAP

_____% (NCV27N) American Century Ultra Fund[5] (Investor Class)
_____% (NCV21N) Dreyfus Appreciation Fund
_____% (NCV91N) Edgar Lomax Value Fund
_____% (NCV28N) Fidelity Contrafund[4, 5]
_____% (NCV10N) Fidelity Equity-Income Fund[5]
_____% (NCV29N) Fidelity Magellan Fund[2, 5]

LARGE CAP CONT'D

_____% (NCV30N) Fidelity OTC Portfolio[5]
_____% (NCV02N) Gartmore Nationwide Fund (Class D)
_____% (NCV05N) MFS Mass. Investors Gr. Stock Fund (Class A)
_____% (NCV22N) MSIF Equity Portfolio (Inst'l Class)
_____% (NCV45N) Gartmore S&P 500 Index Fund (Inst'l Svc. Class)
_____% (NCVB4N) Neuberger Berman Socially Responsive Fund (Investor Class)
_____% (NCV23N) Putnam Voyager Fund (Class A)
_____% (NCV17N) SEI Index S&P 500 Index Portfolio[5] (Class E)
_____% (NCV24N) The Investment Company of America[3, 5]
_____% (NCV94N) Van Kampen Growth & Income Fund (Class A)

BALANCED

_____% (NCV31N) Fidelity Puritan Fund[5]

BONDS

_____% (NCV26N) Fed. U.S. Govt. Securities: 2-5 yr Trust[5] (Inst'l Shares)
_____% (NCV32N) MSIF Fixed Income Portfolio[5] (Inst'l Class)
_____% (NCV75N) MDL Broad Market Fixed Income Fund
_____% (NCV07N) MFS High Income Fund[5] (Class A)
_____% (NCV61N) Gartmore Bond Index Fund (Class A)
_____% (NCV65N) PIMCO Total Return Fund (Class A)
_____% (NCVA1N) Waddell & Reed Advisor High Income Fund (Class Y)

FIXED/CASH

_____% (NCV25N) AIM STIT Treasury Portfolio[5] (Institutional Class)
_____% (MOV06) Gartmore Morley Stable Value Retirement Fund[7]
_____% (NCG) Nationwide® Fixed Annuity Contract
_____% (NCV06N) Gartmore Money Market Fund (Prime Shares)

_____% **TOTAL FOR BOTH COLUMNS MUST EQUAL 100%**[8]

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 GARTMORE MONEY MARKET FUND.

1. The availability of the life insurance options is subject to each entity's approval and may not be available to you. 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.
2. Fidelity Magellan is only available to entities that adopted the funds prior to October 30, 1997.
3. The Bond Fund and Investment Company of America Funds are only available to entities that adopted the funds prior to July 1, 1994.
4. Fidelity Contrafund is only available to entities that adopted the fund prior to July 1, 1998.
5. 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.
6. These funds are part of the Prestige Advisor Series.
7. 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.
8. IF THE TOTAL INVESTMENT OPTION ALLOCATION PERCENTAGE EQUALS LESS THAN 100%, THE DIFFERENCE WILL BE INVESTED IN THE DEFAULT OPTION, THE GARTMORE 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.

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

☐ 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.

I have read and understand each of the statements on the front and back of this form, which have been drafted in compliance with Section 457 of 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/Number Sales Director's Signature/Number Principal's Signature

ENROLLING IN THE NACo DEFERRED COMPENSATION PLAN IS VERY EASY!!

To better serve your needs when enrolling please complete the form as shown.

Section I: Always include your Social Security Number, Name, Home Address and all other identifying and contact information to help us correctly establish your new account. If you are reporting a change in your name, acceptable legal proof of the change must accompany this form. (E.g., *Copy of* marriage certificate, driver's license, order of legal name change from court).

Section II: Please print the Employer (Entity) Number, Name and Address of your department and payroll contact information to ensure that your form will be sent to the proper payroll office. If you need assistance with this information, please call us at 1-877-677-3678.

Section III, IV: Mark the "Type of Request" and list the dollar amount you wish to change from (under "OLD") and the dollar amount you wish to change to (under "NEW"). Also, you may write in the date you wish to have your first deferral take effect. (Deferrals can start or increase no earlier than the first day of the month following the month this application is signed.)

Section V: Please check the box that applies to how often you are paid.

Section VI: If a change in the Universal Life coverage is requested, complete a new long form application.

Section VII: Not sure about the "Catch-Up"? Check your Plan Document for provisions or call us at 1-877-677-3678 for assistance.

Section VIII: The Fund Section is only for new enrollments. We can help you select your fund choices. Call us at 1-877-677-3678.

Section IX. Beneficiary Selection: Be sure to complete this area. If you have more than two beneficiaries, you may include a signed attachment.

Note: You may consolidate other pre-tax retirement plan assets into your Deferred Compensation Plan. For more information, check the box to have a Direct Access Retirement Specialist contact you to discuss your options.

Signature Section: To eliminate processing delays, please be sure to sign and date this form before mailing it. All unsigned forms will be returned to you for your signature.

Please keep the last copy of this form for your records.

Call us at 1-877-677-3678 for assistance.

Mail completed form to:

Nationwide Retirement Solutions, PO Box 182797, Columbus, OH 43218