Nationwide®

Livingston County 457(b) Deferred Compensation EZ Enrollment Form

Personal Information

Plan Name: Livingston County 457(b) Deferred Compensation Employer ID: 0037612001

Name: _____

Date of Birth: _____ SSN: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____

Department: _____ Email: _____

You will be notified via email when your Quarterly Statements are available. If you prefer to receive your statements by regular mail, please check the box. ☐ **I wish to receive my statements and account documents via US Mail.**

Contribution Election

457(b) Pre-Tax $_____ OR _____%

457(b) Roth* $_____ OR _____%

Total $_____ OR _____%

Payroll Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Other: _____

Start Contribution On (Pay Period): _____

*Contributions to Roth are made on a post-tax basis. Use whole dollar amounts and percentages only; no decimals or fractions.

NOTE: All increases, decreases and suspensions will be implemented as early as administratively practicable following the change. Please remember to check your paystub to confirm your selected contributions are accurately reflected and being processed. You may split your contribution between pre-tax and after-tax. Contributions will be invested into the T. Rowe Price Retirement Fund closest to the year you turn 65.

Beneficiary Designation

IMPORTANT NOTES:

- Beneficiaries listed below will replace any prior designation
- Allocations 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%

☐ **I have additional beneficiaries.** If you want to designate more than 2 of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

Primary Beneficiary(ies) (Allocations 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: _____

Contingent Beneficiary(ies) (Allocations 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: _____

Authorization

I authorize my Employer to reduce my salary by the above amount which will be credited to my account in the Plan. The salary reduction will continue until otherwise authorized. The withholding of my deferred amount by my Employer and its payment to the designated investment option will be reflected as early as administratively practicable following the execution of this EZ enrollment form.

Signature: _____ **Date:** _____

Retirement Specialist Name (Print): _____ **Agent #:** _____

Form Return

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

Email: rpublic@nationwide.com
Fax: 1-877-677-4329

The purpose of this memo is to ensure that you fully understand the major terms and restrictions of your Deferred Compensation Plan. However, it does not cover all the details of the Plan. Please refer to the Plan Document for specific details. In the event of conflict or ambiguity between the Plan Document and this Memorandum of Understanding, the terms and provisions of the Plan Document will control.

I understand and acknowledge the following:

1. I understand that my participation in the Plan is governed by the terms and conditions of the Plan Document.
2. The product information brochure and fund prospectuses were available to me and can be obtained upon request.
3. The total permissible annual deferral amount to all 457(b) plans is currently the lesser of the maximum annual 457(b) contribution limit or 100% of includible compensation, as indexed, per 457(e)(15) of the IRS code. Under certain circumstances, additional amounts above the limit may be deferred into the Plan if (1) I will obtain age 50 or older during the calendar year, or (2) I am within three years of Normal Retirement Age and did not defer the maximum amount in prior years. The Plan Document provides additional details about deferral limits. Deferrals in excess of maximum amounts are not permitted and will be considered taxable income when refunded. It is my responsibility to ensure my deferrals do not exceed the annual limit. Contributions to other Section 457(b) plans may limit the maximum amount I may defer under the Plan.
4. I may take a distribution from the Plan only upon severance from employment; at age 70½ (if deferrals have stopped); upon an unforeseeable emergency approved by the Plan; or I may take a one time in-service withdrawal if my account value is $5,000 or less (as adjusted) and I have not deferred into the Plan for two or more years. In some cases distributions for purchase or repayment of service credits in a governmental defined benefit plan may be permitted. Additionally, funds may be distributed upon my death. All distributions must be in compliance with the Internal Revenue Code and applicable regulations, some of which are expressed in the Plan Document.
5. Generally, you must begin taking distributions from the Plan no later than April 1 following the year you reach age 73. If you continue to work for this employer beyond age 73, (75 for an individual who attains age 74 after December 31, 2032), generally, your distributions must begin no later than April 1 following the year you separate from service or retire. Please consult the Plan Document for additional information. All distributions are taxable as ordinary income and subject to income tax in the year received. You must take distributions in a manner that satisfies the minimum distribution requirements of Section 401(a)(9) of the Code, which currently requires benefits to be paid at least annually over a period not to extend beyond your life expectancy. Failure to meet minimum distribution requirements may result in the payment of a 25% federal excise tax.
6. The funds in my account may be eligible for rollover to a traditional or Roth IRA or to an eligible retirement plan. The "Special Tax Notice Regarding Plan Payments" provides detailed information about my options. Due to important tax consequences related to distributions, I understand that I should consult a tax advisor prior to requesting a distribution of any kind. I expressly assume the responsibility for tax consequences relating to any distribution, and I agree that neither the Plan nor the Plan Administrator shall be responsible for those tax consequences.
7. I understand that I may make changes among the investment options within my account as frequently as daily including exchanging out of the Asset Allocation Funds, but any change may be subject to the restrictions of the plan and/or the investment provider. In addition, some mutual funds may impose a short term trade fee. I understand that I should read the underlying prospectus carefully. Changes may be made by calling 1-877-677-3678 or logging on to nrsforu.com.
8. I understand that I may cancel my enrollment if I contact the Service Center at 1-877-677-3678 within 10 business days of the signature date of this form.
9. Exchanges from and into available variable investment options may be subject to restrictions or limitations established by the investment provider, the Plan or its designated agent.

MUTUAL FUND SERVICE FEE PAYMENTS DISCLOSURE

Nationwide Retirement Solutions, Inc. and its affiliates (Nationwide) offer a variety of investment options to public sector retirement plans through variable annuity contracts, trust or custodial accounts. Nationwide may receive payments from mutual funds or their affiliates in connection with those investment options. Additionally, Nationwide may enter into arrangements to allocate all or a portion of these payments to plan sponsors for plan expenses. For more detail about the payments Nationwide receives, please visit nrsforu.com.

ENDORSEMENT DISCLOSURE

Nationwide Retirement Solutions, Inc. and Nationwide Life Insurance Company have endorsement relationships with the National Association of Counties, the United States Conference of Mayors, and the International Association of Firefighters Financial Corporation. More information about the endorsement relationships may be found online at nrsforu.com.