



NACo Participation Agreement for 457(b) and 401(a) Plans

Personal Information

457(b) Employer Name:	457(b) Employer ID:
401(a) Employer Name:	401(a) Employer ID:
Name:	Social Security Number:
Date of Birth:	Date of Hire:
Address:	City, State, & ZIP:
Home Phone Number:	Work Phone Number:
Email Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
How would you like to be contacted if additional information is required? <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

Paperless Delivery Consent

Paperless Delivery: 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.

Contribution Summary & Payroll Frequency

	Dollar Amount* OR Percentage*		
Contribution Amount - 457(b) Pre-Tax	\$		%
Contribution Amount - 457(b) Roth**	\$		%
Contribution Amount - 401(a) Pre-Tax Employee Mandatory Contribution***	\$		%
Total	\$		%

NOTE: All increases, decreases and suspensions will be implemented no sooner than the first payroll of the month following the change. Please remember to check your paystub to confirm your selected contributions are accurately reflected and being processed.

* **Percentage contributions must be in whole percentages.** Check with your employer on whether your plan offers deferrals in percentages, dollar amounts or both.

**May not be offered by your plan, Roth contributions are made on an after-tax basis.

***Employee Mandatory Contribution (401(a) only) is a one time election stated in the Plan Document. This election is irrevocable and must be made before the participant's first entry date.

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

Automatic Contribution Increase (This election is voluntary and is only available if permitted by your plan.)

I wish to participate in an annual automatic contribution increase.
 I wish to stop my annual automatic contribution increase.

Money Source	Dollar Amount Increase	Percentage Increase
457(b) Pre-Tax	\$	%
457(b) Roth	\$	%

If selected, this increase will automatically occur annually as soon as administratively feasible for the date selected below. Increases can only occur for money source(s) (Pre-Tax and/or Roth) and mode(s) (\$ or %) that you are currently contributing. Please do not select a date of 02/29; if selected, Nationwide will process on 02/28.

Increase Contribution Annually on: _____ (MM/DD)

Additional information regarding the automatic contribution increase option can be found in the attached Memorandum of Understanding.

Beneficiary Designation

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

PLEASE NOTE: Percentage split must total 100% for each category of beneficiary.

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

Additional information to assist you in completing your beneficiary designations can be found in the attached Memorandum of Understanding.

Primary Beneficiary(ies) (must total 100%):

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Total = 100%

Contingent Beneficiary(ies) (must total 100%):

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Total = 100%

Funding Options

Pre-tax and Roth contributions will use the same investment options and allocation. If you wish to have different selections, contact a Customer Service Representative at 1-877-677-3678.

Nationwide® Target Destination Series

_____ %	Nationwide® Destination 2015 Fund (Institutional Service Class)
_____ %	Nationwide® Destination 2020 Fund (Institutional Service Class)
_____ %	Nationwide® Destination 2025 Fund (Institutional Service Class)
_____ %	Nationwide® Destination 2030 Fund (Institutional Service Class)
_____ %	Nationwide® Destination 2035 Fund (Institutional Service Class)
_____ %	Nationwide® Destination 2040 Fund (Institutional Service Class)
_____ %	Nationwide® Destination 2045 Fund (Institutional Service Class)
_____ %	Nationwide® Destination 2050 Fund (Institutional Service Class)
_____ %	Nationwide® Destination 2055 Fund (Institutional Service Class)
_____ %	Nationwide® Destination 2060 Fund (Institutional Service Class)

Nationwide® Investor Destinations Series

_____ %	Nationwide® Investor Destinations Aggressive Fund (Service Class)
_____ %	Nationwide® Investor Destinations Moderate Aggressive Fund (Service Class)
_____ %	Nationwide® Investor Destinations Moderate Fund (Service Class)
_____ %	Nationwide® Investor Destinations Moderate Conservative Fund (Service Class)
_____ %	Nationwide® Investor Destinations Conservative Fund (Service Class)

International

_____ %	American Century International Discovery Fund (Investor Class)**
_____ %	American Funds - New World SM Fund (Class R4)
_____ %	Invesco International Growth Fund (Class R5)
_____ %	MFS International Value Fund (Class R3)**
_____ %	Nationwide® International Index Fund (Class A)
_____ %	Oppenheimer Global Fund (Class A)

Small Cap

_____ %	Nationwide® Variable Insurance Trust: Nationwide Multi-Manager NVIT Small Company Fund (Class I)
_____ %	Nationwide® Small Cap Index Fund (Class A)
_____ %	Nationwide® Small Company Growth Fund (Institutional Service Class)
_____ %	Nationwide® U.S. Small Cap Value Fund (Institutional Service Class)

Mid Cap

_____ %	American Century Vista Fund (Investor Class)**
_____ %	JP Morgan Mid Cap Value Fund (Class A)
_____ %	Nationwide® Diverse Managers Fund (Institutional Service Class)
_____ %	Nationwide® Mid Cap Market Index Fund (Class A)
_____ %	Neuberger Berman Equity Funds [®] - Genesis Fund (Trust Class)
_____ %	Wells Fargo Advantage Funds - Discovery Fund (Administrator Class)**

Large Cap

_____ %	American Century Growth Fund (Investor Class)**
_____ %	American Century Value Fund (Investor Class)
_____ %	American Funds - The Investment Company of America (Class A)**
_____ %	Edgar Lomax Value Fund
_____ %	Fidelity Contrafund**
_____ %	Fidelity Equity-Income Fund**
_____ %	Fidelity OTC Portfolio**
_____ %	Nationwide® Fund (Institutional Service Class)
_____ %	Nationwide® Growth Fund (Institutional Service Class)
_____ %	Nationwide® Large Cap Growth Portfolio
_____ %	Nationwide® S&P 500 Index Fund (Institutional Service Class)
_____ %	Neuberger Berman Equity Trust
_____ %	Socially Responsive Fund (Investor Class)
_____ %	S&P 500 Index Fund (Class E)
_____ %	T. Rowe Price Growth Stock Fund (Advisor Class)
_____ %	Invesco Growth & Income Fund (Class A)**

Balanced

_____ %	Fidelity Puritan Fund**
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Specialty

_____ %	Cohen & Steers Real Estate Securities Fund, Inc (Class A)
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Bonds

_____ %	MFS High Income Fund (Class A)**
_____ %	Nationwide® Bond Index Fund (Class A)
_____ %	Nationwide® HighMark Bond Fund (Institutional Service Class)
_____ %	PIMCO Foreign Bond Fund (U.S. Dollar-Hedged)
_____ %	PIMCO Total Return Fund (Class A)
_____ %	Waddell & Reed Advisor High Income Fund (Class Y)

Fixed/Cash

_____ %	Federated U.S. Government Securities Fund: 2-5 Years (Institutional Shares)**
_____ %	Invesco Short Term Investment Trust Treasury Portfolio (Institutional Class)**
_____ %	Nationwide® Government Money Market Fund (Investor Class)
_____ %	Nationwide® Fixed Account
_____ %	Morley Stable Value Retirement Fund*

100% Total for both columns must equal 100%

* 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 at 1-877-NRS-FORU (1-877-677-3678), or your local retirement specialist for details.

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Authorization

- Please send me a copy of the Informational Brochure/Prospectus(es).
- Please contact me regarding transferring my other pre-tax retirement plans.
- Please send me forms regarding the Catch-Up Provision.

I authorize my Employer to make the contribution(s) to the Plan in the amounts I have designated above. The contribution(s) will continue until otherwise authorized in accordance with the Plan. The withholding of my contribution(s) 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 Public Sector Service Center in conjunction with the set-up time required by my payroll center. The contribution(s) is to be allocated to the funding options in the percentages indicated above. I understand some investment options may impose a short-term trading fee. I understand I should read the fund prospectuses carefully.

I have read and understand the terms contained in this form, including the attached Memorandum of Understanding, which is incorporated herein.

I accept these terms and understand that these terms do not cover all the details of the Plan or products.

Participant Signature:	Date:
Retirement Specialist Name (Print):	Agent #:

Things To Remember

- Complete all of the sections on the Participation Agreement that apply to your request.
- Remember to have the allocation of your funding options total 100%, in whole percentages, when completing the Funding Options section. If allocations do not total 100%, the remaining amounts will be considered to be not in good order, and you agree they will be allocated to the Nationwide[®] Money Market Fund (Prime Shares).
- For your beneficiary designation, the percentage split must total 100% for each category of beneficiary.
- Complete the Authorization section, and remember to sign and date this Participation Agreement.
- Enclose the completed Participation Agreement, and any other documentation in the business reply envelope included with this booklet.
- Your Plan may permit you to contribute additional funds as a "catch-up" contribution during the last three years preceding the normal retirement age under the Plan. If you would like to receive paperwork to take advantage of the catch-up provision, please check the appropriate box in the authorization section on page four.
- Your employer will specify the amount of 414(h) Pickup contributions (401(a) only). Generally, these contributions are expressed as a percentage of pay. If an amount is specified, all eligible employees are required, as a condition of employment to make this contribution.

Form Return

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

Fax: 877-677-4329

Please note that the information provided on this Participation Agreement will supercede any prior information provided, such as allocations, contribution amounts, contribution types (except Mandatory Employee Contribution) and/or beneficiary information.

Nationwide Retirement Solutions Payroll Authorization Card

(Please complete and submit to your Payroll Center)

I. Personal Information

____ - ____ - ____ ____ - ____ - ____
Social Security Number Date of Birth

Name

Address

Additional Address

____ _____ _____
City State Zip Code

____ () - ____ - ____
Department Work Phone

Participant Signature

Date

DC-4621-0715

Original-Payroll Center Copy-Participant

II. Plan Information*

Plan Type: 457(b) 401 (a) IRA Product
(Check only ONE plan type. If you have several plan types, then you must submit a payroll authorization card for each plan type.)

Action: Initial Increase Decrease Cancel

Pre-tax contribution: \$ _____ or _____% \$ _____ or _____%
Roth contribution: \$ _____ or _____% \$ _____ or _____%
(457(b) Plan Only)

*You may make both pre-tax and Roth contributions.

Frequency: Bi-weekly Monthly Other _____

Payroll Deduction to begin on: (Date) _____

Catch Up Provision Utilized*: (select one option)

Yes, 3-year Yes, Age 50+ No

Normal Retirement Age: _____

* Contact Nationwide* at 1-877-NRS-FORU for further information on how catch up provisions work.

The earliest your enrollment or contribution change can start is the first day of the month following your completed request. Please remember, your employer's processing schedule will determine the actual effective date of the contribution. It is the Plan Sponsor's/Pay Center's responsibility to ensure deferrals do not commence too early.

I authorize my employer to reduce my salary by the above amount for credit to my account with my employer's Deferred Compensation Plan. This reduction will begin on the pay period specified above, but no sooner than is permitted by law or than is administratively practicable. This reduction will continue until otherwise authorized by my employer in accordance with the Plan.