



State of Idaho
Deferred Compensation Plan
Enrollment Form and Service Request

Personal Information

Plan Name: State of Idaho Deferred Compensation Plan Plan ID: 0046646001
Name:
Date of Birth: SSN: Gender: Male Female
Street Address:
City: State: ZIP:
Home Phone: Work Phone:
Department: Email:

Paperless Delivery Consent

Paperless Delivery: By providing your email address you are consenting to electronic (paperless) delivery of documents related to your retirement plan, e.g. - statements, confirmations, terms, agreements, etc. Check the box below if you would prefer to receive paper copies of the documents via U.S. Mail to the address provided above.

I do NOT consent to Paperless Delivery. Please provide the documents related to my retirement plan via U.S. Mail.

Deferral Election and Automatic Contribution Increase

457(b) Pre-Tax \$ OR %
457(b) Roth1 \$ OR %
Total \$ OR %

Start Contribution on (pay date):

NOTE: This change will be reflected as early as administratively practicable following the execution of this form. Please remember to check your paystub to confirm your selected contributions are accurately reflected and being processed.

1Roth is an after-tax contribution.

I wish to participate in an annual automatic contribution increase.

457(b) Pre-Tax Increase

Dollar Amount: OR Percent: %

457(b) Roth Increase

Dollar Amount: OR Percent: %

Increase Contribution Annually on: (MM/DD)

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.

I wish to stop my annual automatic contribution increase.

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

Beneficiary Designation

IMPORTANT NOTES: 1) Allocations must total 100% for each category of beneficiary; and 2) 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) (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) (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:

**Fund Allocations**

**Must equal 100%** if not, allocation will go to Vanguard Instl Target Retirement Fund closest to age 65. Pre-tax and Roth contributions will use the same investment election and allocation. If you wish to have different selections, please contact a Customer Service Representative at 866-432-6789.

**Asset Allocation Funds**

- \_\_\_\_\_ % Vanguard Instl Target Retirement 2020 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement 2025 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement 2030 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement 2035 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement 2040 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement 2045 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement 2050 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement 2055 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement 2060 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement 2065 Fund
- \_\_\_\_\_ % Vanguard Instl Target Retirement Income Fund

**International Stocks**

- \_\_\_\_\_ % American Funds Capital World Growth & Inc (R6)
- \_\_\_\_\_ % American Funds EuroPacific Growth Fund (R6)
- \_\_\_\_\_ % Columbia Overseas Value Fund  
(Institutional 3 Class)
- \_\_\_\_\_ % Vanguard Total Intl Stock Index Instl

**Small Cap Stocks**

- \_\_\_\_\_ % American Century Small Cap Value Fund (R6)
- \_\_\_\_\_ % Vanguard Small Cap Index Instl
- \_\_\_\_\_ % Wasatch Core Growth Institutional

**Mid Cap Stocks**

- \_\_\_\_\_ % Carillon Eagle Mid Cap Growth (R6)
- \_\_\_\_\_ % JPMorgan Mid Cap Value Fund (R6)
- \_\_\_\_\_ % Vanguard Mid Cap Index Instl

**Large Cap Stocks**

- \_\_\_\_\_ % American Century Ultra Fund (R6)
- \_\_\_\_\_ % Calvert US Large Cap Core Rsp (R6)
- \_\_\_\_\_ % Dodge & Cox Stock Fund
- \_\_\_\_\_ % Fidelity Contrafund (K6)
- \_\_\_\_\_ % Putnam Large Cap Value
- \_\_\_\_\_ % Vanguard Institutional Index I

**Balanced**

- \_\_\_\_\_ % American Funds Income Fund of America (R6)

**Bonds**

- \_\_\_\_\_ % Metropolitan West Total Return Bond
- \_\_\_\_\_ % Vanguard Total Bond Index Instl

**Fixed/Cash**

- \_\_\_\_\_ % Nationwide Fixed Fund

**100 % Total for both columns must equal 100%**

**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 Provisions.

**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.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Retirement Specialist Name (Print):** \_\_\_\_\_ **Agent #:** \_\_\_\_\_

**Form Return**

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

By email: rpublic@nationwide.com  
By fax: 877-677-4329



# State of Idaho Deferred Compensation Plan Memorandum of Understanding

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The purpose of the Memorandum of Understanding is to make you aware of the highlights, restrictions and cost of the State of Idaho Employee Deferred Compensation Plan. However, it does not cover all the details of the Plan. You should refer to the Plan Document for specific details.

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. The product information brochure and fund prospectuses are available upon request at [idahodc.com](http://idahodc.com) or by calling 866-432-6789.
2. The maximum annual contribution amount to all 457(b) plans is the lesser of the annual 457(b) contribution limit or 100% of my includible compensation. This amount may be adjusted annually. If you have questions about the maximum contributions limits they can be found at [irs.gov](http://irs.gov). Under certain circumstances, additional amounts above the limit may be contributed into the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of Normal Retirement Age and did not contribute the maximum amount in prior years. The Plan Document provides additional details about contribution limitations. Contributions in excess of maximum amounts are not permitted and will be considered taxable income when refunded. It is my responsibility to ensure my contributions do not exceed the annual limit.
3. Earnings from designated Roth contributions may be subject to income taxes and penalties unless the distribution is a qualified distribution. To meet the requirements to be a qualified distribution the contributions must be held in the designated Roth account for 5 consecutive tax years and the participant must be at least 59½, be disabled or have died. A non-qualified Roth distribution may result in a 10% early withdrawal penalty on the portion of the distribution includible in gross income if made from rollovers to this Plan from a qualified plan or a 403(b) plan and no statutory exceptions apply. The distribution or designated Roth contributions are generally not subject to income taxes or penalties. Please note, that once made, contributions and/or rollovers to a Roth account may not be reversed. In the event you wish to make changes, only future contributions and/or rollovers can be redirected.
4. I may withdraw funds from the Plan only upon severance from employment; at age 70½; 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 contributed into the Plan for two or more years. Withdrawal for the purchase or repayment of service credits in a governmental defined benefit plan may also be permitted. Additionally, funds may be withdrawn upon my death. All withdrawals of funds 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 have been advised to consult a tax advisor. 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 retirement income payments and termination values (if any), provided by the contract are variable when based on the investment experience of a separate account and are not guaranteed as to the dollar amount. This statement is not applicable to the fixed account value.
8. I understand that all amounts contributed into the Plan and earnings on the amounts deferred are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries until such time as the deferred amount is made available to the participant or beneficiary.
9. I understand that I may make changes among the investment options within my account as frequently as daily, but any change may be subject to the restrictions of the Plan and/or investment provider. Some mutual funds may impose a short term trading fee. Please read the underlying prospectuses carefully. Changes may be made by calling 866-432-6789 or logging on to [idahodc.com](http://idahodc.com).
10. Availability of investment options may vary by plan. I understand that if the total investment option allocation is greater than 100%, my application will be rejected, and my allocations will not be processed.
11. Enrollment or contribution changes will be made according to your plan document provisions, following receipt of the participant's request. The 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.

## Nationwide Fixed Account

1. A guaranteed interest rate is declared quarterly and credited daily, which is not lower than the minimum annual rate.
2. Exchanges and/or transfers may be made up to 100% of the participant's account value.
3. Nationwide may earn a spread on assets held in the Nationwide Fixed Account, which is reflected in the crediting rate. The spread represents the difference between what Nationwide earns on investments and what it credits to the Fixed Account as interest.

## Mutual Fund Options

The value of amounts allocated to mutual funds options will vary depending upon the value of the chosen mutual funds and could result in either a gain or loss. The fund prospectuses were made available to me and can be obtained upon request.

**Mutual Fund Payments Disclosure**

Nationwide offers 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. For more detail about the payments Nationwide receives, please visit [idahodc.com](http://idahodc.com).

**Auto Increase**

By selecting the participant elected automatic contribution increase option, my payroll contributions will automatically increase annually for the money source(s), the date and by the dollar or percentage amount selected. I may stop the participant elected automatic contribution increase at any time by calling 877-677-3678, completing a new Participation Agreement or accessing [nrsforu.com](http://nrsforu.com). Increase requests that do not match the current source and mode as I am currently contributing will not be processed. A selected date of 02/29 will not be processed and will be changed to 02/28.

**Consent to Paperless Delivery and Access**

By providing your email address here, you are agreeing and consenting to receive and view plan benefit statements, correspondence and confirmations, and other communications electronically. These materials will be provided through an e-mail message notifying you that electronic documents are available online for you to view and print. This replaces all written communication associated with your Retirement Plan(s) serviced by Nationwide and you will no longer receive these documents via US Mail. By providing your consent to paperless delivery, you are acknowledging and confirming that you are consenting to receive Plan Communications electronically, as they are now available or as they may be required or become available in the future and that you have access to view and print your documents electronically from the website and to save them from your computer or other electronic device. If you would like to receive the above referenced documents in paper form via US Mail you can do so by contacting Customer Service at 877-677-3678 and request paper. You may opt out of paperless delivery of your plan related documents at any time. There is no additional cost to receive documents in paper format via US Mail.

**Changing Your Email Address and Your Paperless Delivery Preferences**

You can update your email address or change your Paperless Delivery Preferences anytime either on the web site or via Customer Service.

**Your Right to Revoke Consent**

You have the right to revoke your consent to receive documents electronically. Your consent shall be effective until you revoke it by changing your delivery preferences via Customer Service or on the website by selecting US Mail delivery.

**Endorsement Disclosure**

Nationwide has 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 [idahodc.com](http://idahodc.com).