



Kent County, MI

Deferred Compensation Plan Participation Agreement

Participant Information

Plan Name: Kent County Deferred Compensation Plan	Plan ID: 0039275001
Name:	Social Security Number:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City, State, & ZIP:
Home Phone Number:	Work Phone Number:
Email Address:	

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.

Deferral Election & Payroll Frequency

	Dollar Amount OR Percentage	Payroll Frequency: Bi-Weekly
457(b) Pre-Tax	\$	NOTE: Payroll deduction will be effective with the second pay date of the month following the month in which this form is signed and submitted to your Human Resources Department.
457(b) Roth	\$	
Total	\$	

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:

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

Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:

Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:

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

Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:

Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:

Funding Options

Target Date Funds

- _____ % JPMorgan SmartRetirement Blend Income Fund (Class R6)
- _____ % JPMorgan SmartRetirement Blend 2020 Fund (Class R6)
- _____ % JPMorgan SmartRetirement Blend 2025 Fund (Class R6)
- _____ % JPMorgan SmartRetirement Blend 2030 Fund (Class R6)
- _____ % JPMorgan SmartRetirement Blend 2035 Fund (Class R6)
- _____ % JPMorgan SmartRetirement Blend 2040 Fund (Class R6)
- _____ % JPMorgan SmartRetirement Blend 2045 Fund (Class R6)
- _____ % JPMorgan SmartRetirement Blend 2050 Fund (Class R6)
- _____ % JPMorgan SmartRetirement Blend 2055 Fund (Class R6)
- _____ % JPMorgan SmartRetirement Blend 2060 Fund (Class R6)

International Stock Funds

- _____ % American Funds - EuroPacific Growth Fund (Class R6)
- _____ % Oppenheimer Developing Markets Fund (Class I)

Small Cap Stock Funds

- _____ % Delaware Small Cap Value Fund (Class R6)
- _____ % T. Rowe Price New Horizons fund (I Class)
- _____ % Vanguard Small-Cap Index Fund (Admiral Shares)

Mid Cap Stock Funds

- _____ % JPMorgan Mid Cap Growth Fund (Class R6)
- _____ % JPMorgan Mid Cap Value Fund (Institutional Shares)
- _____ % Vanguard Mid-Cap Index Fund (Admiral Shares)

Large Cap Stock Funds

- _____ % American Funds - Growth Fund of America (Class R6)
- _____ % Invesco Comstock Fund (Class R6)
- _____ % Vanguard 500 Index Fund (Admiral Shares)

Bonds

- _____ % BlackRock Inflation Protected Bond Fund (K Shares)
- _____ % Dodge & Cox Income Fund
- _____ % Federated High Yield Trust (Institutional Shares)
- _____ % Templeton Global Bond Fund (Class R6)

Fixed/Cash

- _____ % Galliard Stable Value 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 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.

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

Form Return

By mail: Kent County Human Resources Dept.
300 Monroe Avenue Northwest
Grand Rapids, MI 49503

By fax: 616-632-7445



Kent County, MI Deferred Compensation Plan Memorandum of Understanding

The purpose of the Memorandum of Understanding is to make you aware of some of the highlights, restrictions and costs of your plan. It is not intended to cover all aspects of the plan and should not be relied upon in making decisions about plan benefits.

I understand and acknowledge the following:

1. The total annual contribution amount to all 457(b) plans is the lesser of the maximum 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. Under certain circumstances, additional amounts above the limit may be contributed to the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of the Plan's Normal Retirement Age and did not contribute the maximum amount to the 457 Plan in prior years. The Plan Document provides additional details about contribution limits. Contributions in excess of maximum amounts are not permitted and will be reported as taxable income when refunded. It is my responsibility to ensure my contributions to all 457(b) plans in which I participate regardless of employer do not exceed the annual limit.
2. It is my responsibility to adjust my contribution amount to comply with applicable limits. If my Plan Sponsor directs, excess deferrals will be returned to me and reported on IRS tax Form 1099-R. I acknowledge that it is my responsibility to make sure my total contributions, including any 457(b), 403(b), and/or 401(k) Plan, including designated Roth contributions, fall within the specified limits. A Nationwide Retirement Solutions, Inc. ("NRS") representative can provide assistance in determining my contribution limits.
3. If a Roth option is made available, earnings from designated Roth contributions may be subject to income taxes and penalties unless the distribution is a qualified distribution. A qualified distribution is one that the contributions are held in the Plan's designated Roth Account for a 5-year holding period and the participant is at least 59½, has become disabled or has died. An individual's 5-year holding period under the Plan generally begins with the first tax year for which a contribution is made to an individual's designated Roth account. Designated Roth contributions are generally subject to income taxes when contributed to the Plan's designated Roth account. 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 separation from service; at age 70½ (if contributions 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 contributed to the Plan for two or more years. In some cases, withdrawal for purchase or repayment of service credits in a Governmental Defined Benefit Plan may be permitted. Additionally, funds may be withdrawn upon my death. All withdrawals of funds must be in compliance with the Internal Revenue Code (the "Code") and applicable regulations as expressed in the Plan Document.
5. I must contribute a minimum of \$25 of Compensation per biweekly pay period to the Plan to satisfy minimum Plan requirements.
6. Contributions, in the form of salary reductions, will be made until I notify NRS or my Plan Sponsor otherwise. Once notification is received salary reductions will be changed in accordance with the Plan.
7. Contributions will be invested as soon as administratively feasible upon receipt from the Plan Sponsor.
8. My participation in the Plan is governed by the terms and conditions of the Plan Document. Fund prospectuses are available upon request at kentcountydefcomp.org or by calling 877-677-3678.
9. Generally, distributions from the Plan must begin no later than the 1st of April following the year I reach age 70½. If I work beyond age 70½, generally, my distributions must begin no later than the 1st of April following the year I separate from service or retire. Please consult the Plan Document for further details. Generally, all pre-tax distributions are taxable as ordinary income and subject to income tax in the year received. My distributions must be made in a manner that satisfies the minimum distribution requirements of the Code section 401(a)(9), which currently requires benefits to be paid at least annually over a period not to extend beyond my life expectancy. Failure to meet minimum distribution requirements may result in my being subject to a 50% federal excise tax.
10. The funds in my accounts may be eligible for rollover to a traditional or Roth IRA or to another eligible retirement plan. The "Explanation of Rollover Options" 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 Administrative Services Provider shall be responsible for those tax consequences.
11. All amounts contributed to the Plan and earnings on the amounts contributed are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries.
12. Underlying investment options may be periodically changed or restricted.
13. NRS will permit participants and beneficiaries to exchange amounts among the Variable and Fixed investment options as frequently as permitted by the Plan, subject to the limits and rules set by each Fund and the Contract. Changes may be made by calling 1-877-677-3678 or logging on to kentcountydefcomp.org. Options for investments may vary by the source of the money invested.
14. I understand that if an allocation is made to a closed or unavailable investment option, I agree that the money will be placed into the JP Morgan Smart Retirement Blend Target date fund closest to my anticipated retirement age, based upon my date of birth and a normal retirement age of 60, which is the default investment option. I understand that if the total investment option allocation percentage equals less than 100%, the difference will be invested in the default option. 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.
15. Plan Participants may have investment management fees, depending on the mutual funds in which I invest. For more information, please call 877-677-3678.
16. Any beneficiary designation I made on this form will supersede any prior beneficiary designation and shall become effective on the date accepted by the Plan, provided that this designation is accepted by the Plan prior to my death. Any benefits payable at my death shall be paid in substantially equal shares to my beneficiaries unless I specify otherwise. My death benefits will be paid first to my Primary beneficiaries. If any of my Primary Beneficiaries predecease me, then my death benefits will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid as set forth in the Plan Document.
17. I must notify NRS of any beneficiary changes, contribution changes, allocation changes or errors on my account statement.
18. I will receive a statement of my account quarterly.

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19. All telephone exchange requests will be recorded for the participant's protection.
20. Transfers between investment options are provided for under the Plan subject to limitations or restrictions (including redemption fees), if any, as imposed by the investment providers. I understand that any information regarding limitation or restrictions as they apply to the Plan may be obtained from the Plan Administrator.
21. If applicable, I understand that no fund changes will be effective until they are processed by NRS.

Mutual Fund Options

1. I understand that the Net Asset Value of a mutual fund changes on a daily basis and that there is no guarantee of principal or investment return.
2. The value of amounts allocated to mutual fund options will vary depending upon the value of the chosen mutual funds and could result in either a gain or loss. Prospectuses may be obtained by calling 877-677-3678 or by logging onto kentcountydefcomp.org.
3. I understand that pursuant to the Plan Document, deferred amounts will be invested per my selection of funding options specified on the Participation Agreement.
4. I understand some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

Transfer: A transfer is the movement of money between investment options or mutual funds within the same plan.

Mutual Fund 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. For more detail about the payments Nationwide receives, please visit kentcountydefcomp.org.

Endorsement Disclosure

Nationwide Retirement Solutions, Inc. and Nationwide Life Insurance Company have endorsement relationships with the National Association of Counties and the International Association of Firefighters Financial Corporation. More information about the endorsement relationships may be found online at kentcountydefcomp.org.

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 E-mail Address and Your Paperless Delivery Preferences

You are able to update your e-mail 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.