
***County of San Diego
Deferred
Compensation Plan
457(b) Participation
Agreement***



Things to Remember

- Complete all of the sections on the Participation Agreement that apply to your request.
- Remember to have your funding options total 100%, in whole percentages, when completing the Funding Options section.
- 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.
- Pre-tax and Roth contributions will use the same investment election and allocation. If you wish to have different selections, call us at 1-888-DC4-LIFE (888-324-5433).
- Earnings from designated Roth contributions may be subject to income taxes and penalties upon distribution if the distribution is deemed to be Non-Qualified. A Qualified distribution is one that the contributions are held in the Designated Roth Account for 5 consecutive tax years and the participant is at least age 59 ½, has become disabled or has died. In addition, Designated Roth Accounts which are rolled over into this account may be subject to income taxes and penalties if they are deemed Non-Qualified. Designated Roth Contributions are generally not subject to income taxes or penalties.



= Denotes an important note or critical information.
Please read any disclosures noted by the this flag.

Please note that the information provided on this participation agreement will supercede any prior information provided, such as allocations, contribution amounts, contribution types (e.g. Pre-Tax, Roth) and/or beneficiary information. The information provided on this participation agreement shall become effective on the date accepted by the Administrative Services Provider.

Employer Address County Deferred Compensation Store, 1600 Pacific Highway, Room 102, San Diego, CA 92101

Personal Information	Name	Social Security Number
	Address	Date of Birth
	City, State, & Zip Code	Contact Phone Number
	Email Address	Gender (circle one) Male Female

- Check here if this is a name change (proof of name change must be attached)
 Check here if this is a new address

Type of Request New Change Reinstatement
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.**

Contribution Summary & Payroll Frequency	Contribution Amount - 457 Pre-tax	
	Contribution Amount - 457 Roth	
	Total	

Payroll Frequency: Biweekly

YOUR PLAN ONLY ALLOWS WHOLE DOLLARS TO BE CONTRIBUTED. FOR EXAMPLE, \$423.08 SHOULD BE WRITTEN AS \$423 OR 423.00.

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% and must be in whole percentages.
If additional space for beneficiaries is required, please complete and attach additional sheets with all of the required information below, then mark this box:

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name	Social Security Number	% Split
	Address	Date of Birth	Phone#
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name	Social Security Number	% Split
	Address	Date of Birth	Phone#

Spousal/Domestic Partner Beneficiary Disclosure **Note:** The County of San Diego Deferred Compensation Plan has required that spousal/domestic partner consent language be added. If you are married or in a registered domestic partnership and do not name your spouse/partner as at least fifty percent (50%) primary beneficiary, you should have your spouse/partner sign below. **I hereby consent to the foregoing designation of beneficiary(ies):**

Spouse's/Registered Domestic Partner's Signature	Date
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Funding Options

Pre-tax and Roth contributions will use the same investment election and allocation. If you wish to have different selections, contact a Customer Service Representative at 1-888-DC4-LIFE (888-324-5433).

BALANCED/ASSET ALLOCATION

_____ % Oakmark Equity and Income Fund (Class I)
 _____ % T.Rowe Price Retirement Income Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2005 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2010 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2015 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2020 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2025 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2030 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2035 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2040 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2045 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2050 Fund (Advisor Class)
 _____ % T.Rowe Price Retirement 2055 Fund (Advisor Class)

GLOBAL/FOREIGN/INTERNATIONAL

_____ % EuroPacific Growth Fund (Class R4)
 _____ % Oppenheimer Developing Markets Fund (Class A)

LARGE CAP

VALUE

_____ % Hartford Dividend & Growth HLS Fund (Class IA)

BLEND

_____ % Hartford Capital Appreciation HLS Fund (Class IA)
 _____ % Vanguard S&P 500 Index Fund

GROWTH

_____ % Wells Fargo Advantage Growth Fund

MID CAP

VALUE

_____ % T. Rowe Price Mid Cap Value Fund

BLEND

_____ % Dreyfus Mid Cap Index Fund
 _____ % Fidelity Low Priced Stock Fund

GROWTH

_____ % Hartford Midcap HLS Fund (Class IA)

SMALL CAP

VALUE

_____ % American Century Small Cap Value Fund (Investor Class)

BLEND

_____ % SSgA Russell 2000 Index
 _____ % T. Rowe Price Small Cap Value Fund

GROWTH

_____ % T. Rowe Price New Horizons Fund, Inc.

GOVERNMENT BOND/CORPORATE BOND

_____ % PIMCO Total Return Bond Fund
 _____ % Putnam High Yield Advantage Fund (Class A)

OTHER/SPECIALTY

_____ % Nuveen Real Estate Securities Fund

MONEY MARKET/STABLE VALUE

_____ % Stable Value Fund

_____ % **Total 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.

I authorize my Employer to make the contributions to the Plan in the amounts I have designated above. The contribution will continue until otherwise authorized in accordance with the Plan. The withholding of my contribution 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 Administrative Services Provider in conjunction with the set-up time required by my payroll center. The contribution 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 fund prospectuses carefully.

I have read and understand the terms contained in this form. 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/Signature	Agent Number

Please return your completed application to:

NATIONWIDE RETIREMENT SOLUTIONS
 P O BOX 182797
 COLUMBUS OH 43218-2797
 Fax Number: 1-877-677-4329

The Memorandum of Understanding is on the following page



County of San Diego Memorandum of Understanding

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 www.myDCplan.com or by calling 1-888-DC4-LIFE (888-324-5433).
2. The total annual contribution amount to all 457(b) plans is the lesser of \$17,500 or 100% of includible compensation. This annual amount may increase each year depending on the changes in the cost of living. 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 limits. 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. All 457 contributions are subervient to required taxes. The payroll center is only able to take the full amount of the contribution or they will not take any contribution amount.
4. Earnings from designated Roth contributions may be subject to income taxes and penalties upon distribution if the distribution is deemed to be Non-Qualified. A Qualified distribution is one that the contributions are held in the Designated Roth Account for 5 consecutive tax years and the participant is at least age 59 ½, has become disabled or has died. In addition, Designated Roth Accounts which are rolled over into this account may be subject to income taxes and penalties if they are deemed Non-Qualified. Designated Roth Contributions are generally not subject to income taxes or penalties.
5. I may withdraw funds from the Plan only upon severance from employment; at age 70 1/2 (if contributions have stopped); upon an unforeseeable emergency approved by NRS, and/or my employer; or I may take a one-time De Minimus 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. Withdrawal for 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, applicable regulations, and the Plan Document.
6. My distributions must begin no later than April 1st following the year I reach age 70 1/2. If I work beyond age 70 1/2, my distributions must begin no later than April 1st following the year I have a severance from employment or retire. All 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 Internal Revenue 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 the payment of 50% federal excise tax.**
7. 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 am 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.
8. I understand that all amounts contributed to the plan and earnings on those amounts contributed 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 contribution amount is made available to the participant or beneficiary.
9. I understand Nationwide will permit me 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 1-888-DC-4LIFE (888-324-5433) or by logging on to www.myDCplan.com.
10. I understand I must contribute a minimum of \$10 per month into the Plan to satisfy minimum plan requirements. Your plan only allows whole dollars to be contributed. For example, \$423.08 should be written as \$423 or 423.00.
11. I understand that no changes will be effective until they are processed by the Administrative Services Provider.
12. I understand that enrolling or electing to increase 457 contributions may require me to provide includible compensation data acceptable to NRS.
13. I understand that any beneficiary designation I made on this form will supercede any prior beneficiary designation and shall become effective on the date accepted by the Administrative Services Provider, provided that this designation is accepted by the Administrative Services Provider prior to my death. I further understand that any benefits payable at my death shall be paid in substantially equal shares unless I specify otherwise. My death benefits will be paid first to my Primary Beneficiaries. If some 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.
14. 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.

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. I have received and reviewed the participating fund prospectus and/or been provided a contact phone number to obtain the fund prospectus.
3. I understand that pursuant to the Plan Document, contributions will be invested per my selection of funding options specified on the Participation Agreement or as otherwise amended.
4. I understand some mutual funds may impose a short term trade fee. **(Please read the fund prospectuses carefully).**

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. 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 www.nrsforu.com.

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 www.nrsforu.com.

