



Nationwide Retirement Solutions

Deferred Compensation Plan PST Participation Agreement & Service Request

Personal Information

Select Action: New Enrollment Re-Enrollment Change of Address Beneficiary Change Name Change

| | |
|------------------------------------|---|
| Employer Name: Town of Rowe | Employer ID: 0059288-001 |
| Name: | SSN: |
| Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address: | City, State, & ZIP: |
| Home Phone Number: | Work Phone Number: |
| Email Address: | |

The employer has established a deferred compensation plan for the benefit of its employees. The plan provides that eligible employees may elect to join and become a participant in the plan (subject to the limitations established in the plan of the employer) upon executing and filing a participation agreement with the employer. The employer and employee agree to the following:

1. Employer will provide employee with a current copy of the plan.
2. Employee shall become a participant, and shall defer payments pursuant to the plan so that the annual deferral shall not be less than 7.5% of wages as defined in Section 3121(a) and 3121(v) of the Internal Revenue Code, nor more than the annual maximum permitted under IRC Section 457.
3. Employee agrees all rights to the deferred compensation shall be governed by the terms and conditions of the Plan.

Deferral Amount & Investment Options

| | | | |
|---|--|------------------|--------------------------|
| 457(b) Deferral Amount: \$ | | Fund Name | Percent Allocated |
| Date to begin deferrals: / / (MM/DD/YYYY) | | | |
| Payday: | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly | | |
| Total must equal | | | 100% |

Beneficiary Designation

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

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

Beneficiary Designation (continued)

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: |

If the participant's spouse is not designated as the sole primary beneficiary, the spouse must sign consent.

Consent of Spouse: Being the participant's spouse, I hereby consent to the above designation.

| | |
|-----------------------|-------|
| Signature of Spouse: | Date: |
| Signature of Witness: | Date: |

Authorization

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. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

| | |
|--------------------------------|-------|
| Participant Signature: | Date: |
| Authorized Signature/Employer: | Date: |

Form Return

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

By fax: 877-677-4329