



Indian River County Deferred Compensation Plan Enrollment Form and Service Request

Personal Information

Plan Name and Plan ID: <input type="checkbox"/> Indian River County BOCC Deferred Compensation Plan - 0036758001 <input type="checkbox"/> Indian River Co Property Appraiser Deferred Compensation Plan - 0023685001 <input type="checkbox"/> Indian River County Tax Collector Deferred Compensation Plan - 0036895001 <input type="checkbox"/> Indian River County Clerk of Courts Deferred Compensation Plan - 0036757001	
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:	

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

	Dollar Amount OR Percentage		Payroll Frequency:	Bi-Weekly
457(b) Pre-Tax	\$	%	Start Contribution On (Pay Period):	
Roth	\$	%	<input type="checkbox"/> Enroll me in asset rebalancing I agree to comply with and be bound by the terms and conditions of the service including any restrictions imposed by the investment options. I understand I can obtain more information about the service, its terms and conditions by contacting the Nationwide Service Center.	
Total	\$	%		

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:

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:

Funding Options

Asset Allocation

_____ % Vanguard Target Retirement 2015
 _____ % Vanguard Target Retirement 2020
 _____ % Vanguard Target Retirement 2025
 _____ % Vanguard Target Retirement 2030
 _____ % Vanguard Target Retirement 2035
 _____ % Vanguard Target Retirement 2040
 _____ % Vanguard Target Retirement 2045
 _____ % Vanguard Target Retirement 2050
 _____ % Vanguard Target Retirement 2055
 _____ % Vanguard Target Retirement 2060
 _____ % Vanguard Target Retirement 2065
 _____ % Vanguard Target Retirement Income

International

_____ % American Funds EuroPacific Growth R6

Small Cap

_____ % American Beacon Small Cap Value R6
 _____ % Vanguard Small Cap Index Adm

Mid Cap

_____ % Jackson Square SMID-Cap Growth IS
 _____ % Vanguard Mid Cap Index Admiral
 _____ % Wells Fargo Special Mid Cap Value R6

Large Cap

_____ % Vanguard Total Intl Stock Index Admiral
 _____ % ClearBridge Large Cap Growth IS
 _____ % MFS Value R6
 _____ % T. Rowe Price Growth Stock I Class
 _____ % Vanguard 500 Index Admiral

Bonds

_____ % Vanguard Total Bond Market Index Adm
 _____ % Western Asset Core Bond IS

Fixed/Cash

_____ % Nationwide Fixed Account

100 % Total for both columns must equal 100%¹

1. If the total investment option allocation percentage equals less than 100%, the remainder will be allocated to the Plan's default option. Vanguard Target Retirement Fund is your plan default fund and your age-appropriate Target date fund will be selected. If the total investment option percentage exceeds 100%, 100% of your contributions will be allocated to the Vanguard Target Retirement Fund.

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: Nationwide Retirement Solutions, PO Box 182797, Columbus, OH 43218-2797 **By Fax:** 877-677-4329



Indian River County 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. My participation in the Plan is governed by the terms and conditions of the Plan Document. Fund prospectuses are available upon request at nrsforu.com or by calling 877-NRS-FORU (877-677-3678).
2. 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.
3. The funds in my accounts may be eligible for rollover to a traditional or Roth IRA or to another 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 Administrative Services Provider shall be responsible for those tax consequences.
4. All amounts contributed into 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.
5. Underlying investment options may be periodically changed or restricted.
6. 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 877-NRSFORU or logging on to nrsforu.com. Options for investments may vary by the source of the money invested.
7. If I select an investment option that is closed or unavailable, I agree that the money will be placed into the Vanguard Target Retirement funds, which is the default investment option. If the total investment option allocation percentage equals less than 100%, the remaining percentage will be allocated to the Plan's default option, the Vanguard Target Retirement funds. If the total investment option percentage exceeds 100%, 100% of your contributions will be allocated to the Vanguard Target Retirement funds.
8. The Plan may have a fee for Plan Administration and or investment management fees, depending on the mutual funds in which I invest. For more information, please call 877-NRS-FORU (877-677-3678).
9. 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. Further, that 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. If I participate in both a 457(b) plan and a 401(a) plan administered by NRS, I understand my beneficiary designations made on this form will apply to both plans unless I have indicated otherwise.
10. I must notify NRS of any address changes, beneficiary changes, contribution changes, allocation changes or errors on my account statement.
11. I will receive a statement of my account quarterly.
12. All telephone exchange requests will be recorded for the participant's protection.
13. 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.
14. If applicable, I understand that no changes will be effective until they are processed by NRS.
15. The Plan Document governs when distributions may be made from the Plan. In general, distributions may be made only upon separation from service or upon the death of the participant. Some plans may also permit distribution upon reaching normal retirement age as defined in the Plan Document, upon a financial hardship approved by the Plan, upon disability or when taking a loan. All withdrawals of funds must be in compliance with the Code and any applicable regulations as well as the Plan Document, which the participant should consult to confirm which distribution opportunities are available. An additional early withdrawal tax of 10% may apply in some circumstances. It is strongly recommended that the participant consult with his/her tax advisor prior to requesting a distribution.

Nationwide Fixed Account

1. A guaranteed interest rate is declared quarterly and credited daily, which is not lower than the minimum annual rate.
2. 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.
3. Exchanges or transfers may be made based upon one of the following options as chosen by your employer:
 - a. Exchanges and/or transfers of money from the Fixed Account may be made no more than twice a year and may not exceed 20% of the participant's Fixed Account value. Once the 20% limit has been reached, no further exchanges/transfers will be permitted out of the participant's Fixed Account during the remainder of the calendar year. If the Fixed Account value is less than or equal to \$1,000, the participant can exchange/transfer up to the entire account value. Each exchange/transfer will count toward the limitation of two exchanges/transfers out of the Fixed Account per year. Additionally, a five-year Exchange/Transfer election allows for the systematic movement of 100% of the participant's account value out of the Fixed Account on a monthly basis over a five-year period. If elected, the participant cannot defer, exchange, or transfer into his/her Fixed Account during the five-year term without canceling this election.

Indian River County Memorandum of Understanding

Mutual fund options

1. 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.
2. Variable Account Charge is deducted in an amount equivalent to 0.25% annually for the Mutual Funds.

Default Investment Option

I understand that contributions to my account will be invested in the Vanguard Target Retirement funds.

Target Date Fund	Ticker	Year Range
Vanguard Target Retirement Income	VTINX	Pre 1955
Vanguard Target Retirement 2015	VTXVX	1951 - 1955
Vanguard Target Retirement 2020	VTWNX	1956 - 1960
Vanguard Target Retirement 2025	VTTVX	1961 - 1965
Vanguard Target Retirement 2030	VTHRX	1966 - 1970
Vanguard Target Retirement 2035	VTTHX	1971 - 1975
Vanguard Target Retirement 2040	VFORX	1976 - 1980
Vanguard Target Retirement 2045	VTIVX	1981 - 1985
Vanguard Target Retirement 2050	VFIFX	1986 - 1990
Vanguard Target Retirement 2055	VFFVX	1991 - 1995
Vanguard Target Retirement 2060	VTTSX	1996 - 2000
Vanguard Target Retirement 2065	VLXVX	2001- after

Mutual funds 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 nrsforu.com.

Enrollment disclosure

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.

Endorsement 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 nrsforu.com. Nationwide has 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 nrsforu.com.

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-NRS-FORU 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 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.