Arizona State Retirement System Supplemental Salary Deferral Plan
Participation Agreement

Personal Information

Name: ______________________________

Date of Birth: ______________ SSN: ______________

Street Address: ______________________________

City: ______________ State: ________ ZIP: ________

Primary Phone: ______________________________

Employer: ______________ Date of Hire: ______________

Email: ______________ Plan Number (NRS Use Only): ______________

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 US Mail to the address provided above.

☐ **I do NOT consent to Paperless Delivery. Please provide the documents related to my retirement plan via US Mail.**

Deferral Election & Payroll Frequency

457(b) Pre-Tax $__________ **OR** ______% Payroll Frequency: Bi-Weekly

457(b) Roth* $__________ OR ______% Start Contribution On (Pay Period): __________

Total $__________ **OR** ______%

*Contributions to Roth are made on a post-tax basis. Use whole dollar amounts and percentages only; no decimals or fractions.

☐ **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.

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) (Allocations 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) (Allocations 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: __________

Funding Options

Asset Allocation - American Funds Target Date Funds

_______%	RFJTX	American Funds 2015 Target Date Retirement Fund (Class R6)
_______%	RRCTX	American Funds 2020 Target Date Retirement Fund (Class R6)
_______%	RFDTX	American Funds 2025 Target Date Retirement Fund (Class R6)
_______%	RFETX	American Funds 2030 Target Date Retirement Fund (Class R6)
_______%	RFFTX	American Funds 2035 Target Date Retirement Fund (Class R6)
_______%	RFGTX	American Funds 2040 Target Date Retirement Fund (Class R6)
_______%	RFHTX	American Funds 2045 Target Date Retirement Fund (Class R6)
_______%	RFITX	American Funds 2050 Target Date Retirement Fund (Class R6)
_______%	RFKTX	American Funds 2055 Target Date Retirement Fund (Class R6)
_______%	RFUTX	American Funds 2060 Target Date Retirement Fund (Class R6)

Foreign Large Blend

_______%	RERGX	American Funds EuroPacific Growth Fund (Class R6)

Small Cap

_______%	FSSNX	Fidelity Small Cap Index Fund
_______%	VSENX	JP Morgan Small Cap Equity (Class R6)

Mid Cap

_______%	FSMDX	Fidelity Mid Cap Index Fund

Large Cap

_______%	FXAIX	Fidelity 500 Index Fund
_______%	POSKX	PRIMECAP Odyssey Stock

Specialty

_______%	FGREX	INVESCO Global Real Estate Fund (Class R6)

Intermediate-Term Bonds

_______%	FXNAX	Fidelity U.S. Bond Index Fund
_______%	MWTRX	Metropolitan West Total Return Bond Fund

International Stocks.

_______%	MADCX	BlkRk Emerg Mkt Inst
_______%	FSPSX	Fid Intl Indx

Fixed/Cash

_______%		Arizona Fixed Fund
100 %		**Total for both columns must equal 100%**[1]

[1] If I select an investment option that is closed or unavailable, or if I elect a total investment allocation percentage that is less than 100%, I agree that the money will be placed into the default investment option. If I elect a total investment allocation percentage greater than 100%, I agree that my application will be rejected and my selections will not be processed.

Authorization

I hereby elect the deferral amount stated above. I understand my deferral will continue until otherwise authorized in accordance with the Plan. The deferrals will be allocated to the funding options in the percentages elected above. I understand some investment options may impose a short-term trading fee. I understand I should read the fund prospectuses carefully.

I have read and understand each statement on this form. I accept these terms and understand that these statements do not cover all of the details of the Plan or investment products offered with the Plan.

Signature: ______________________________ **Date:** ______________

Retirement Specialist Name (Print): ______________________________ FSR # Code: ______________

Form Return

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

Email: rpublic@nationwide.com
Fax: 1-877-677-4329

The purpose of the Memorandum of Understanding is to highlight some of the characteristics, restrictions and costs of participation in the Plan. While all efforts have been made to cover the main provisions of participation in the Plan, this Memorandum of Understanding is not intended to cover all specific details of the Plan. I have read and acknowledge the following:

General Provisions of Participation

My employer has adopted the Arizona State Retirement System Plan Supplemental Salary Deferral Plan (SSDP), which is administered by Nationwide Retirement Solutions, Inc. (NRS).

I have reviewed and understand this Memorandum and I have had the opportunity to contact NRS with questions regarding the terms of my participation within the Plan.

1. I understand that my participation in the Arizona State Retirement System Plan Supplemental Salary Deferral Plan (SSDP) is governed by the terms and conditions of the Plan Document. The product information brochure and fund prospectuses are available upon request from:
    - The local Nationwide Retirement Specialist at 1-602-266-2733.
    - The Nationwide Retirement Solutions Customer Service Center at 1-888-292-1401.
    - The Arizona State Retirement System Plan Supplemental Salary Deferral Plan website at azssdp.com.
2. I am only able to make contributions to this Plan through salary reduction. The salary reduction amount I choose will be withheld from my paycheck beginning with the earliest possible pay period after NRS and my pay center have processed my request. The agreement to defer compensation and any subsequent changes cannot take effect before the first day of the month following the request.
3. If the Plan permits designated Roth contributions, these contributions are made on an after-tax basis, which means they will not be subject to income taxes when distributed at a later time. As opposed to the withdrawal of earnings on pre-tax contributions, though, the earnings on designated Roth contributions are generally not subject to future taxes as long as the distribution from the Roth account satisfies the requirements to be a "qualified distribution." In order to be a qualified distribution, the distribution must be made five or more years after January 1 of the first year the participant made Roth contributions to the Plan and must be made on or after the attainment of age 59½, the participant's death, or the participant's disability. If the participant previously established another designated Roth account in another plan and is able to roll the funds from this Plan to the other plan, the five-year period would begin to run from January 1 of the year of the first contribution to a designated Roth account. A non-qualified Roth distribution may result in an additional 10% early withdrawal tax 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. Please note that once made, contributions and/or rollovers to a Roth account may not be reversed. In the event the participant desires to make contribution changes, only future contributions and/or rollovers can be redirected (contributed as pre-tax funds).
4. The Internal Revenue Code (Code) sets limits on the maximum amount I may contribute to the Plan and other retirement accounts on an annual basis. It is my responsibility to adhere to these maximums. Upon request, a NRS representative will provide me assistance to determine my contribution limits.
5. I may elect a beneficiary to receive the proceeds of my account upon my death. Should I fail to make such election, upon death, the proceeds of my Plan account shall be paid according to the default beneficiary provisions of the Plan. My beneficiary elections must be made on a form provided by NRS and become effective only upon acceptance and processing of the form by NRS.
6. The Code has prescribed specific conditions that must be met in order to take a distribution from the Plan. The conditions generally include termination from employment.
7. Generally, distributions from the Plan must begin no later than the April 1 following the year I reach age 70½ (or age 72 if born after June 30, 1949). If I continue to work for this employer beyond age 70½ (or age 72 if born after June 30, 1949), generally, my distributions must begin no later than April 1 following the year I separate from service or retire.
8. I will notify NRS, in writing, of any financial changes, non-financial changes, or requests for distribution.
9. I understand that at the time I terminate from employment, I can choose a distribution option.

Provisions of Investment Options

1. The investment options available to me through the participation in the Plan, unless otherwise noted, are variable and subject to increase or decrease in value according to changes in the market. My principal (contribution amount) is not guaranteed.
2. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.
3. I may request additional information regarding any of the investment options available to me under the Plan by contacting NRS.

Administrative Fees

1. There is an explicit administrative fee of .06% ($6 per $10,000 annually).
2. I understand that the value of the investment options I select may change on a daily basis and there is no guarantee of principal or investment returns.

Mutual Fund Payment 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 nrsforu.com.

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 nrsforu.com.

Consent to Electronic 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 email 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 electronic 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 1-888-292-1401 and requesting paper. You may opt out of electronic 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 are able to update your email address or change your Paperless Preferences anytime either on the website 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.