Enrollment form

Case number: 381-80026 // TOWN OF OCEAN CITY 401(a) MONEY PURCHASE PLAN & TRUST

Yes, sign me up. Follow these easy steps:

Please clearly print information below. Please note that this enrollment form is for your initial enrollment only. For future changes, contact your employer. All employees who have met the Plan's eligibility requirements, regardless of whether you choose to participate, must complete all applicable sections of the form.

Be sure to complete all personal information below to help ensure the highest level of security for your account.

Social Security number: _____ Last/first/MI name: _____

Address: _____ _____ _____ _____
Street/Apt #/PO Box *City* *State* *ZIP code*

Date of birth: _____ Date of hire: _____ Gender (M or F): _____ Marital status: _____

Personal Email: _____

Home Phone: _____

Complete your contribution election(s).

After-tax contribution election

☐ I elect to contribute _____% of compensation per pay period as after-tax contributions.

☐ I elect not to make after-tax contributions until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date.

Select what type of investor you are.

Based on your investing comfort zone and style, select one strategy below that best matches your preference, then continue to the specific section of the form as directed.

☐ Help me do it (Jump to Section A below.)

☐ I'll do it myself (Jump to Section B below.)

Please turn to the next page. ·····→

Last/first/MI name _____ SSN _____

A Choose Target Maturity

I prefer to pick just one fund, based on the year I plan to retire. (This is not a binding decision and can be changed at any time)

Check one box below that aligns closest to when you plan to retire, then jump to the signature section at the end of this enrollment form.

Fund name	Fund code	Inquire code	Allocation percentage
☐ TRowePr Rtrmt 2005	BNCA	4153	100%
☐ TRowePr Rtrmt 2010	BBIA	3905	100%
☐ TRowePr Rtrmt 2015	BBJA	3906	100%
☐ TRowePr Rtrmt 2020	BBKA	3907	100%
☐ TRowePr Rtrmt 2025	BBOA	3908	100%
☐ TRowePr Rtrmt 2030	BNDA	4154	100%
☐ TRowePr Rtrmt 2035	BBQA	3909	100%
☐ TRowePr Rtrmt 2040	BBRA	3910	100%
☐ TRowePr Rtrmt 2045	BNEA	4155	100%
☐ TRowePr Rtrmt 2050	BBSA	3911	100%
☐ TRowePr Rtrmt 2055	BBTA	3912	100%
☐ TRowePr Rtrmt 2060	CUOA	4922	100%

B Build your own portfolio

Select investments below based on your questionnaire results, then jump to the signature section at the end of this enrollment form. All allocations must be made in whole percentages, and the total must equal 100%.

Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Specialty	TIAACRF RealEst Sec Inst	DLQA	5279	____ %
International stocks	AmFds EuroPacfc Gr R6	RERA	2583	____ %
International stocks	Baron Emrg Mkt Inst	DWXA	5516	____ %
International stocks	Fid Glbl exUS Indx	EVPA	6089	____ %
Small-cap stocks	DE Smid Cap Gr Inst	AJUA	3656	____ %
Small-cap stocks	GdmnScs SmCpEqInsghts Inst	BHYA	4045	____ %
Small-cap stocks	Nuvn SmCap Val I	EBPA	5625	____ %
Mid-cap stocks	DFA US Vectr Eq Inst	BTPA	4296	____ %
Mid-cap stocks	Fid MdCap Indx	EVYA	6094	____ %
Mid-cap stocks	MFS MdCap Gr R6	DTJA	5428	____ %
Large-cap stocks	AmFds Wshngtn Mut Inv R6	RWMA	2656	____ %
Large-cap stocks	Fid 500 Indx	EVMA	6086	____ %
Large-cap stocks	JPM US Eq R5	AUOA	3791	____ %

Continued on next page

Last/first/MI name _____ SSN _____

Continued from previous page

Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Large-cap stocks	TRowePr Blue Chip Gr	BMSA	4147	____ %
Balanced	Invsco Opp Glbl Alloc Y	AYKA	3843	____ %
Balanced	JnsHndrsn Bal N	DDLA	5122	____ %
Balanced	TRowePr Rtrmt 2005	BNCA	4153	____ %
Balanced	TRowePr Rtrmt 2010	BBIA	3905	____ %
Balanced	TRowePr Rtrmt 2015	BBJA	3906	____ %
Balanced	TRowePr Rtrmt 2020	BBKA	3907	____ %
Balanced	TRowePr Rtrmt 2025	BBOA	3908	____ %
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Balanced	TRowePr Rtrmt 2050	BBSA	3911	____ %
Balanced	TRowePr Rtrmt 2055	BBTA	3912	____ %
Balanced	TRowePr Rtrmt 2060	CUOA	4922	____ %
U.S. bonds	AB Hi Inc I	CNWA	4760	____ %
U.S. bonds	Fid US Bd Indx	EWDA	6099	____ %
U.S. bonds	LeggM WstrAs CorPlsBd I	WAPA	1451	____ %
U.S. bonds	Vngrd Infl Prtct Sec Adml	CWKA	4964	____ %
	NW FXD SEL OPTN	PFA1	8003	____ %
			Total Percentage	100%

Double-check that your selections equal 100%.

Sign and date to confirm that all elections and information entered is accurate and current.

The selected investment allocation(s) will apply to all new money deposited into an existing group annuity or trust contract unless otherwise directed. Monies previously deposited to this contract will not be changed to reflect the selections on this form. If you do not select a fund on this form or if the form is not completed by the time the first deposit to your account is received, and your Plan has a default fund, then deposits will be made to the Plan's default fund.

Signature: _____ Date: _____

Please return this completed form to your Human Resources Representative. Don't forget to set up your online access at nationwide.com.

Nationwide®

Name/Address/Beneficiary Change Form
Private Sector Operations

PO Box 183046, Columbus, OH 43218
Phone: 877-588-6724 • Fax: 877-634-0157 • nationwide.com

1. Case Information

Case Number: _____ Case Name: _____

2. Personal Information

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female Marital Status: _____

Email: _____ Phone Number: _____

Paperless Communication: By providing your email address, you are consenting to receive electronic communications as it relates only to this form and related to this distribution request unless otherwise elected below.

☐ I wish to be contacted via the telephone number provided above. ☐ I wish to be contacted via US mail.

3. Type of Request

☐ Name Change* ☐ Address Change ☐ Beneficiary Change

*Proof of name change must be attached; i.e. copy of your driver's license, Social Security card, or marriage certificate.

4. Beneficiary Designation

NOTE: Percentage split must total 100% for each category of beneficiary. If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%.

If additional space for beneficiaries is required, attach additional sheets and mark this box: ☐

Primary:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Relationship: _____ Percentage: _____%

☐ **Primary** ☐ **Contingent:**

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Relationship: _____ Percentage: _____%

☐ **Primary** ☐ **Contingent:**

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Relationship: _____ Percentage: _____%

5. Authorization

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit 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 pursuant to the sequence set forth in the Plan Document.

Participant's Signature: _____ **Date:** _____

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