

# 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.

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
<input type="checkbox"/> TRowePr Rtrmt 2005	BNCA	4153	100%
<input type="checkbox"/> TRowePr Rtrmt 2010	BBIA	3905	100%
<input type="checkbox"/> TRowePr Rtrmt 2015	BBJA	3906	100%
<input type="checkbox"/> TRowePr Rtrmt 2020	BBKA	3907	100%
<input type="checkbox"/> TRowePr Rtrmt 2025	BBOA	3908	100%
<input type="checkbox"/> TRowePr Rtrmt 2030	BNDA	4154	100%
<input type="checkbox"/> TRowePr Rtrmt 2035	BBQA	3909	100%
<input type="checkbox"/> TRowePr Rtrmt 2040	BBRA	3910	100%
<input type="checkbox"/> TRowePr Rtrmt 2045	BNEA	4155	100%
<input type="checkbox"/> TRowePr Rtrmt 2050	BBSA	3911	100%
<input type="checkbox"/> TRowePr Rtrmt 2055	BBTA	3912	100%
<input type="checkbox"/> TRowePr Rtrmt 2060	CUOA	4922	100%
<input type="checkbox"/> TRowePr Rtrmt 2065	GNHA	6985	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 Mid Cap Gr Eq Inst	AJUA	3656	_____ %
Small-cap stocks	GdmnScs SmCpEqInsghts Inst	BHYA	4045	_____ %
Small-cap stocks	Vngrd SmCap Val Indx Adml	CWXA	4976	_____ %
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	_____ %

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\_\_\_\_\_  
Last/first/MI name SSN

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Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Large-cap stocks	JPM US Eq R5	AUOA	3791	_____ %
Large-cap stocks	TRowePr Blue Chip Gr	BMSA	4147	_____ %
Asset allocation	BlkRk Gbl Alloc Inst	AHKA	3618	_____ %
Asset allocation	JnsHndrsn Bal N	DDLA	5122	_____ %
Asset allocation	TRowePr Rtrmt 2005	BNCA	4153	_____ %
Asset allocation	TRowePr Rtrmt 2010	BBIA	3905	_____ %
Asset allocation	TRowePr Rtrmt 2015	BBJA	3906	_____ %
Asset allocation	TRowePr Rtrmt 2020	BBKA	3907	_____ %
Asset allocation	TRowePr Rtrmt 2025	BBOA	3908	_____ %
Asset allocation	TRowePr Rtrmt 2030	BNDA	4154	_____ %
Asset allocation	TRowePr Rtrmt 2035	BBQA	3909	_____ %
Asset allocation	TRowePr Rtrmt 2040	BBRA	3910	_____ %
Asset allocation	TRowePr Rtrmt 2045	BNEA	4155	_____ %
Asset allocation	TRowePr Rtrmt 2050	BBSA	3911	_____ %
Asset allocation	TRowePr Rtrmt 2055	BBTA	3912	_____ %
Asset allocation	TRowePr Rtrmt 2060	CUOA	4922	_____ %
Asset allocation	TRowePr Rtrmt 2065	GNHA	6985	_____ %
U.S. bonds	BlkRk Hi Yld Bd Port K	BOFA	4181	_____ %
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 [www.nationwide.com/townofceancity](http://www.nationwide.com/townofceancity).**



# 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: \_\_\_\_\_