

Enrollment form

Case number: 381-60065 // TOWN OF OCEAN CITY 457(b) DEFERRED COMPENSATION PLAN

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).

Elective deferrals

- I elect to participate and contribute \$_____ of compensation per pay period on a pretax (traditional) basis. Maximum Plan limit for pretax contributions: \$22,500 for 2023. If you're age 50 or older in 2023, you may contribute an additional \$7,500.
- I elect to participate and contribute \$_____ of compensation per pay period to a Roth (after-tax basis). Maximum Plan limit for Roth contributions: \$22,500 for 2023. If you're age 50 or older in 2023, you may contribute an additional \$7,500.
- Opt out. I elect not to make elective deferrals until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date. Although I elect not to save through payroll deduction, I understand my employer may elect to continue a discretionary contribution to the Plan, and I authorize such a contribution to be invested as indicated below. If I elect to roll over money into the Plan, I also authorize my rollover to be invested as indicated below.

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

Continued from previous page

| 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.

Beneficiary form

Case number: 381-60065 // TOWN OF OCEAN CITY 457(b) DEFERRED COMPENSATION PLAN

Participant information

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

| | | | |
|---|--|-----------------------------|------------------------|
| A | Enter primary beneficiary Information. | Percentages must total 100% | Percentage of benefits |
|---|--|-----------------------------|------------------------|

If married, your spouse must be the only primary beneficiary unless your spouse signs the waiver in Section D.

Last/first/MI name: _____ Relationship: _____ %

Address: _____ SSN: _____

Last/first/MI name: _____ Relationship: _____ %

Address: _____ SSN: _____

| | | | |
|---|---|-----------------------------|------------------------|
| B | Enter contingent beneficiary Information. | Percentages must total 100% | Percentage of benefits |
|---|---|-----------------------------|------------------------|

In the event that your primary beneficiaries do not survive you, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

Last/first/MI name: _____ Relationship: _____ %

Address: _____ SSN: _____

Last/first/MI name: _____ Relationship: _____ %

Address: _____ SSN: _____

| | |
|---|--------------------|
| C | Complete and sign. |
|---|--------------------|

I certify that I am: Married Not married Legally separated

Participant signature _____ Date _____

| | |
|---|--|
| D | This section must be completed if your spouse is not the sole primary beneficiary. |
|---|--|

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this Plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this Plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's name: _____

Spouse signature: _____ Date: _____

This consent must be witnessed by either a Plan Representative or a Notary Public.

State of: _____ County of: _____

I certify that before me personally appeared the above-named spouse who signed the above spousal consent and acknowledged the same to be his/her free act and deed.

Plan Representative signature or Notary Public: _____ Date: _____

Notary Public Commission expires: _____ (Notary Seal)

| |
|------------------------|
| Additional information |
|------------------------|

You may make a written request to your Plan Administrator requesting a personalized statement describing the effect of electing an optional form of benefit and providing a comparison of the relative values under each available optional form of benefit. If you have additional beneficiaries, you can attach a separate piece of paper.