

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

**Enter the amount you would like to contribute per pay  
You may elect pre-tax or after tax and/or a combination of both**

- I elect to participate and contribute \$\_\_\_\_\_ of compensation per pay period on a pretax (traditional) basis. Maximum Plan limit for pretax contributions: \$23,000 for 2024. If you're age 50 or older in 2024, 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: \$23,000 for 2024. If you're age 50 or older in 2024, you may contribute an additional \$7,500.

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.)

**You must select this option to get your account established. You may go on line and change your investment options once your plan is set up.**

Please turn to the next page. >

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

\_\_\_\_\_  
SSN

**A**

Choose Target Maturity

**You will need to check the box closest to the year you plan to retire. Keep in mind this does not mean you have to retire the year you select on the form.**

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
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%
TRowePr Rtrmt 2065	GNHA	6985	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).**

# Beneficiary form

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Participant information

**If you have more than one primary or contingent beneficiary the amount must total 100%**

Last/first name: \_\_\_\_\_ MI: \_\_\_\_\_ Social Security number: \_\_\_\_\_

<b>A</b>	Enter primary beneficiary Information.	Percentages must total 100%	Percentage of benefits
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If married, your spouse must be the only primary beneficiary unless your spouse signs the waiver in Section D.

Last/first/MI name: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Last/first/MI name: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

<b>B</b>	Enter contingent beneficiary Information.	Percentages must total 100%	Percentage of benefits
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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: \_\_\_\_\_ %

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Last/first/MI name: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

<b>C</b>	Complete and sign.
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I certify that I am:  Married  Not married  Legally separated

Participant signature \_\_\_\_\_ Date \_\_\_\_\_