



Personal Information

Plan Name: Solano County 401(a) Plan Plan ID: 0041521002
Name:
SSN: Date of Birth:
Address: City, State, & ZIP:
Home Phone Number: Work Phone Number:
Email Address:

Paperless Delivery Consent

Paperless Delivery: By providing your email address above you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically.

I wish to receive my statements and account documents via US Mail.

Beneficiary Designation

Check here if this is a change of beneficiary. (Beneficiaries listed below replace any prior designation)

NOTE: Percentage split must total 100% for each category of beneficiary, and must be whole %. 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 Beneficiary (must total 100%):

Name: Relationship: SSN: Phone #:
Address: Date of Birth: % Split:
Name: Relationship: SSN: Phone #:
Address: Date of Birth: % Split:

Contingent Beneficiary (must total 100%):

Name: Relationship: SSN: Phone #:
Address: Date of Birth: % Split:
Name: Relationship: SSN: Phone #:
Address: Date of Birth: % Split:

Participant Election

Election to Participate

I hereby irrevocably elect to contribute to the Solano County 401(a) Plan. I have received written information on the plan, and I understand the general requirements, including the contribution (pre-tax) election.

Check one: 0% 2% 5% 7.5% 10% 12.5% 15% 17.5% 20% 22.5% 25%

Please remember to check your paystub to confirm your selected contributions are accurately reflected and being processed.

Funding Options

Asset Allocation

_____ % Vanguard Target Retirement Income
(Investor Shares)

_____ % Vanguard Target Retirement 2015 (Investor Shares)

_____ % Vanguard Target Retirement 2020 (Investor Shares)

_____ % Vanguard Target Retirement 2025 (Investor Shares)

_____ % Vanguard Target Retirement 2030 (Investor Shares)

_____ % Vanguard Target Retirement 2035 (Investor Shares)

_____ % Vanguard Target Retirement 2040 (Investor Shares)

_____ % Vanguard Target Retirement 2045 (Investor Shares)

_____ % Vanguard Target Retirement 2050 (Investor Shares)

_____ % Vanguard Target Retirement 2055 (Investor Shares)

_____ % Vanguard Target Retirement 2060 (Investor Shares)

_____ % Vanguard Target Retirement 2065 (Investor Shares)

International/Global Equity Funds

_____ % American Beacon International Equity Fund
(Institutional Class)

_____ % Hartford International Opportunities HLS Fund
(Class IA)

_____ % Vanguard Total International Stock Index Fund
(Admiral Shares)

Small Cap

_____ % Artisan Small Cap Institutional

_____ % DFA U.S. Targeted Value Portfolio
(Institutional Class)

_____ % Vanguard Small-Cap Index Fund (Admiral Shares)

Mid Cap

_____ % Vanguard Mid Cap Growth (Investor Shares)

_____ % Vanguard Mid Cap Index (Admiral Shares)

_____ % Wells Fargo Special Mid Cap Value R6

Large Cap

_____ % Becker Value Equity Institutional

_____ % T. Rowe Price Institutional Large Cap Growth

_____ % Vanguard Institutional Index I

Bonds

_____ % American Beacon SiM High Yield Opps Instl

_____ % DFA Inflation-Protected Securities
Institutional Class

_____ % Metropolitan West Total Return Bond

_____ % Vanguard Total Bond Market Index Admiral Shares

Short-Term Investments

_____ % Nationwide Fixed Account

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 Vanguard Retirement Target Date Fund closest to my anticipated retirement age, based upon my date of birth and a normal retirement age of 60, which is 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

Please send me a copy of the Informational Brochure/Prospectus(es).

I hereby irrevocably elect the contribution amount stated above. I understand once I elect this percentage it can never be changed. The contributions will be allocated to the funding options in the percentages indicated above. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

I have read and understand the Memorandum of Understanding. I accept these terms and understand that these statements do not cover all the details of the Plan or products.

Participant Signature:	Date:
Retirement Specialist Name (Print):	Agent #:

Form Return

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

Fax: 1-877-677-4329



Solano County
401(a) Plan
Memorandum of Understanding

The purpose of the Memorandum of Understanding is to make you aware of some of the highlights, restrictions and costs of your plan. It is not intended to cover all aspects of the plan and should not be relied upon in making decisions about plan benefits.

I understand and acknowledge the following:

1. The annual defined contribution limit to all 401(a) plans is the lesser of the IRS maximum 415 limit, or 100% of my eligible compensation. This amount may be adjusted annually. If you have questions about these limits they can be found at irs.gov. I understand that current or future participation in additional benefit plans, such as 403(b) and/or 401(a) plans, may affect my maximum annual contribution limit under the 401(a) plan, in accordance with the Code.
2. I may withdraw vested funds from the Plan only upon severance from employment. Some plans may also permit distribution upon reaching normal retirement age as defined in the Plan Document; upon a financial hardship approved by the Plan; upon disability or when taking a loan, if permitted by the Plan Document. In some cases, withdrawal for purchase or repayment of service credits in a Governmental Defined Benefit Plan may be permitted. Additionally, funds may be withdrawn upon my death. All withdrawals of funds must be in compliance with the Code and applicable regulations, as expressed in the Plan Document. An additional 10% early withdrawal tax may apply in some circumstances. Please consult your tax advisor prior to requesting a distribution.
3. 414(h) Mandatory Employee Contributions - Your employer will specify the amount of these contributions. Generally, these contributions are expressed as a percentage of pay. If an amount is specified, all eligible employees are required, as a condition of employment, to make this contribution. These contributions will not be included in your taxable gross income; however, they do come out of your paycheck. The tax on these contributions will be deferred until benefits are distributed.
4. My participation in the Plan is governed by the terms and conditions of the Plan Document. Fund prospectuses are available upon request at nrsforu.com or by calling 800-769-4457.
5. In general, distributions from the Plan must begin no later than the 1st of April following the later of the year I reach age 70 ½ or separate from service. Please consult the plan document for further details. Normally, all pre-tax distributions are taxable as ordinary income and are subject to income tax in the year received. My distributions must be made in a manner that satisfies the minimum distribution requirements of Code section 401(a)(9), which currently requires benefits to be paid at least annually over a period not to extend beyond my life expectancy. Failure to meet minimum distribution requirements may result in my being subject to a 50% federal excise tax.
6. The funds in my accounts may be eligible for rollover to a traditional or Roth IRA or to another eligible retirement plan. The "Special Tax Notice Regarding Plan Payments" provides detailed information about my options. Due to important tax consequences related to distributions, I have been advised to consult a tax advisor. I expressly assume the responsibility for tax consequences relating to any distribution, and I agree that neither the Plan nor the Administrative Services Provider shall be responsible for those tax consequences.
7. All amounts contributed into the Plan and earnings on the amounts contributed are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries.
8. Underlying investment options may be periodically changed or restricted.
9. NRS will permit participants and beneficiaries to exchange amounts among the Variable and Fixed investment options as frequently as permitted by the Plan, subject to the limits and rules set by each Fund and the Contract. Changes may be made by calling 800-769-4457 or logging on to nrsforu.com. Options for investments may vary by the source of the money invested.
10. I understand that an administrative expense fee is deducted daily from the plan account. The expense fee that is deducted is 0.15% per year.
11. Any beneficiary designation I made on this form will supersede any prior beneficiary designation and shall become effective on the date accepted by the Plan, provided that this designation is accepted by the Plan prior to my death. Further, any benefits payable at my death shall be paid in substantially equal shares to my beneficiaries unless I specify otherwise. My death benefits will be paid first to my Primary Beneficiaries. If any of my Primary Beneficiaries predecease me, then my death benefits 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 as set forth in the Plan Document.
12. I must notify NRS of any address changes, beneficiary changes, contribution changes, allocation changes or errors on my account statement.
13. I will receive a statement of my account quarterly.
14. All telephone exchange requests will be recorded for the participant's protection.
15. Transfers between investment options are provided for under the Plan subject to limitations or restrictions (including redemption fees), if any, as imposed by the investment providers. I understand that any information regarding limitation or restrictions as they apply to the Plan may be obtained from the Plan Administrator.
16. If applicable, I understand that no changes will be effective until they are processed by NRS.

Solano County Memorandum of Understanding

Mutual Fund Options

1. I understand that the Net Asset Value of a mutual fund changes on a daily basis and that there is no guarantee of principal or investment return.
2. I have received and reviewed the participating fund prospectus and/or been provided a contact phone number to obtain the fund prospectus.
3. I understand that pursuant to the Plan Document, deferred amounts will be invested per my selection of funding options specified on the Participation Agreement or as otherwise amended.
4. I understand some mutual funds may impose a short term trading fee. (Please read the underlying prospectuses carefully).

Mutual Fund Payments Disclosure

Nationwide offers 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 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 e-mail 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 paperless 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 1-800-769-4457 and request paper. You may opt out of paperless 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 E-mail Address and Your Paperless Delivery Preferences

You are able to update your e-mail address or change your Paperless Delivery Preferences anytime either on the web site 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.