



USCM Participation Agreement for 457(b) and 401(a) Plans

Personal Information

457(b) Employer Name: _____ 457(b) Employer ID: _____
 401(a) Employer Name: _____ 401(a) Employer ID: _____
 Name: _____
 Date of Birth: _____ SSN: _____ Gender: Male Female
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ Work Phone: _____
 Hire Date: _____ Email: _____
 How would you like to be contacted if additional information is required? Phone Email

Paperless Delivery Consent

Paperless Delivery: By providing your email address you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically. Unless you choose to have statements, account documents and other documents sent in connection with your retirement plan delivered via US Mail to the mailing address of record by checking the box below, these documents will be made available to you electronically.
 I wish to receive my statements and account documents via US Mail.

Contribution Summary & Payroll Frequency

457(b) Pre-Tax \$ _____ OR _____%* *Check with your employer on whether your plan offers deferrals in percentages, dollar amounts or both.
 457(b) Roth** \$ _____ OR _____% **May not be offered by your plan. Roth contributions are made on an after-tax basis.
 401(a) Pre-Tax*** \$ _____ OR _____% ***Employee Mandatory Contribution (401(a) only) is a one time election stated in the Plan Document. This election is irrevocable and must be made before the participant's first entry date.
Total \$ _____ OR _____%
 Payroll Frequency: Weekly Bi-Weekly Monthly Semi-Monthly Other: _____
 Start Contribution On (Pay Period): _____

Automatic Contribution Increase (This election is voluntary and is only available if permitted by your plan.)

I elect to participate in an annual automatic contribution increase.
 If selected, this increase will automatically occur annually as soon as administratively feasible for the date selected below. Increases can only occur for money source(s) (Pre-Tax) and mode(s) (\$ or %) that you are currently contributing. Please do not select a date of 02/29; if selected, Nationwide will process on 02/28.
 457(b) Pre-Tax Increase — Dollar Amount: _____ OR Percent: _____%
 457(b) Roth Increase — Dollar Amount: _____ OR Percent: _____%
 Increase Contribution Annually on: _____(MM/DD)
 Additional information regarding the automatic contribution increase option can be found in the attached Memorandum of Understanding.
 I elect to stop my annual automatic contribution increase.

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. 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(ies) (must total 100%):

1. **Full Name:** _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____
2. **Full Name:** _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____
3. **Full Name:** _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____
4. **Full Name:** _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____

Contingent Beneficiary(ies) (must total 100%):

1. **Full Name:** _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____
2. **Full Name:** _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____
3. **Full Name:** _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____
4. **Full Name:** _____ Allocation: _____ %
Relationship: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone: _____

Funding Options

Please find below the standard investment lineup for USCM, your plan may or may not have adopted all investment options listed. To see your plan's current lineup and performance, please refer to the fund performance page at nrsforu.com or call us at 877-677-3678.

Nationwide® Target Destination Series

- _____ % Nationwide® Destination 2020 Fund (Institutional Service Class)
- _____ % Nationwide® Destination 2025 Fund (Institutional Service Class)
- _____ % Nationwide® Destination 2030 Fund (Institutional Service Class)
- _____ % Nationwide® Destination 2035 Fund (Institutional Service Class)
- _____ % Nationwide® Destination 2040 Fund (Institutional Service Class)
- _____ % Nationwide® Destination 2045 Fund (Institutional Service Class)
- _____ % Nationwide® Destination 2050 Fund (Institutional Service Class)
- _____ % Nationwide® Destination 2055 Fund (Institutional Service Class)
- _____ % Nationwide® Destination 2060 Fund (Institutional Service Class)
- _____ % Nationwide® Destination Retirement Fund (Institutional Service Class)

Nationwide® Investor Destinations Series

- _____ % Nationwide® Investor Destinations Aggressive Fund (Service Class)
- _____ % Nationwide® Investor Destinations Moderate Aggressive Fund (Service Class)
- _____ % Nationwide® Investor Destinations Moderate Fund (Service Class)
- _____ % Nationwide® Investor Destinations Moderate Conservative Fund (Service Class)
- _____ % Nationwide® Investor Destinations Conservative Fund (Service Class)

Balanced

- _____ % American Funds-The Income Fund of America

Large Cap

- _____ % American Century Value Fund (Investor Class)
- _____ % Dreyfus S&P 500 Index Fund
- _____ % Fidelity Contrafund
- _____ % INVESCO Growth & Income Fund (Class A)
- _____ % Nationwide® Fund (Institutional Service Class)
- _____ % Nationwide® Large Cap Growth Portfolio
- _____ % Nationwide Loomis All Cap Growth (Eagle Class)
- _____ % Nationwide® S&P 500 Index Fund (Institutional Service Class)

Large Cap (Cont.)

- _____ % Neuberger Berman Sustainable Equity Fund (Investor Class)
- _____ % T. Rowe Price Growth Stock Fund (Advisor Class)
- _____ % The Growth Fund of America (Class A)

Mid Cap

- _____ % JP Morgan Mid Cap Value Fund (Class A)
- _____ % Nationwide® Mid Cap Market Index Fund (Class A)
- _____ % Wells Fargo Discovery Fund (Administrative Class)

Small Cap

- _____ % Nationwide® Small Cap Index Fund (Class A)
- _____ % Nationwide® Small Company Growth Fund (Institutional Service Class)
- _____ % Nationwide® U.S. Small Cap Value Fund (Institutional Service Class)
- _____ % Nationwide® Variable Insurance Trust: Multi-Manager Small Company Fund (Class I)
- _____ % Neuberger Berman Genesis Fund (Trust Class)

International

- _____ % Invesco Oppenheimer Global Fund (Class A)
- _____ % MFS International Value Fund (Class R3)
- _____ % Nationwide® AllianzGI International Growth Fund (Institutional Service Class)
- _____ % Nationwide® International Index Fund (Class A)
- _____ % New WorldSM Fund (Class R4)

Specialty

- _____ % Cohen & Steers Real Estate Securities Fund, Inc (Class A)

Bonds

- _____ % Invesco Oppenheimer Limited-Term Government Fund (Class Y)
- _____ % Lord Abbett High Yield Fund (Class R5)
- _____ % Nationwide® Bond Index Fund (Class A)
- _____ % Nationwide® Loomis Core Bond Fund (Institutional Service Class)
- _____ % PIMCO International Bond Fund (US Dollar-Hedged) (Class A)

Fixed/Cash

- _____ % Morley Stable Value Retirement Fund
- _____ % Nationwide® Government Money Market Fund (Investor Shares)
- _____ % Nationwide® Fixed Account

100% % Total for both columns must equal 100%

Authorization

- Please send me a copy of the Informational Brochure/Prospectus(es).
- Please contact me regarding transferring my other pre-tax retirement plans.
- Please send me forms regarding the Catch-Up Provision.

I authorize my Employer to make the contribution(s) to the Plan in the amounts I have designated above. The contribution(s) will continue until otherwise authorized in accordance with the Plan. The withholding of my contribution(s) amount by my Employer and its payment to the designated investment option(s) will be reflected in the first pay period contingent on the processing of this application by the Public Sector Service Center in conjunction with the set-up time required by my payroll center. The contribution(s) is to be allocated to the funding options in the percentages indicated above. I understand some investment options may impose a short-term trading fee. I understand I should read the fund prospectuses carefully.

I have read and understand the terms contained in this form, including the attached Memorandum of Understanding, which is incorporated herein.

I accept these terms and understand that these terms do not cover all the details of the Plan or products.

Signature: _____ Date: _____

Retirement Specialist Name (Print): _____ Agent #: _____

Things To Remember

- Complete all of the sections on the Participation Agreement that apply to your request.
- Remember to have the allocation of your funding options total 100%, in whole percentages, when completing the Funding Options section. If allocations do not total 100%, the remaining amounts will be considered to be not in good order, and you agree the unallocated portion will be allocated to the plan's default investment option.
- For your beneficiary designation, the percentage split must total 100% for each category of beneficiary.
- Complete the Authorization section, and remember to sign and date this Participation Agreement.
- Enclose the completed Participation Agreement, and any other documentation in the business reply envelope included with this booklet.
- Your Plan may permit you to contribute additional funds as a "catch-up" contribution during the last three years preceding the normal retirement age under the Plan. If you would like to receive paperwork to take advantage of the catch-up provision, please check the appropriate box in the authorization section on page four.
- Your employer will specify the amount of 414(h) Pickup contributions (401(a) only). 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.

Form Return

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

Email: rpublic@nationwide.com
Fax: 877-677-4329

Please note that the information provided on this Participation Agreement will supercede any prior information provided, such as allocations, contribution amounts, contribution types (except Mandatory Employee Contribution) and/or beneficiary information.