

Enrollment form

Case number: 563-60001 // SECTION 457 PLAN & TRUST OF PUBLIC UTILITY DISTRICT NO. 1 OF DOUGLAS COUNTY

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 _____% or \$_____ 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 _____% or \$_____ 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"/> AmFds 2010 TrgtDtRtrmt R6	RFTA	2557	100%
<input type="checkbox"/> AmFds 2015 TrgtDtRtrmt R6	RFJA	2558	100%
<input type="checkbox"/> AmFds 2020 TrgtDtRtrmt R6	RRCA	2559	100%
<input type="checkbox"/> AmFds 2025 TrgtDtRtrmt R6	RFDA	2560	100%
<input type="checkbox"/> AmFds 2030 TrgtDtRtrmt R6	RFEA	2561	100%
<input type="checkbox"/> AmFds 2035 TrgtDtRtrmt R6	RFFA	2562	100%
<input type="checkbox"/> AmFds 2040 TrgtDtRtrmt R6	RFGA	2563	100%
<input type="checkbox"/> AmFds 2045 TrgtDtRtrmt R6	RFHA	2564	100%
<input type="checkbox"/> AmFds 2050 TrgtDtRtrmt R6	RFIA	2565	100%
<input type="checkbox"/> AmFds 2055 TrgtDtRtrmt R6	BEGA	3967	100%
<input type="checkbox"/> AmFds 2060 TrgtDtRtrmt R6	CXSA	4996	100%
<input type="checkbox"/> AmFds 2065 TrgtDtRtrmt R6	GCEA	6750	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
Cash	Fed Hrms Gov Oblgtns Prmr	DJRA	5235	_____ %
U.S. bonds	AB Inc Adv	EENA	5698	_____ %
U.S. bonds	Natixis Loomis Strat Inc Y	BJUA	4086	_____ %
U.S. bonds	Pionr Hi Yld Y	AZJA	3860	_____ %
U.S. bonds	TCW Ttl Rtn Bd I	TGLA	1825	_____ %
Asset allocation	AmFds 2010 TrgtDtRtrmt R6	RFTA	2557	_____ %
Asset allocation	AmFds 2015 TrgtDtRtrmt R6	RFJA	2558	_____ %
Asset allocation	AmFds 2020 TrgtDtRtrmt R6	RRCA	2559	_____ %
Asset allocation	AmFds 2025 TrgtDtRtrmt R6	RFDA	2560	_____ %
Asset allocation	AmFds 2030 TrgtDtRtrmt R6	RFEA	2561	_____ %
Asset allocation	AmFds 2035 TrgtDtRtrmt R6	RFFA	2562	_____ %
Asset allocation	AmFds 2040 TrgtDtRtrmt R6	RFGA	2563	_____ %
Asset allocation	AmFds 2045 TrgtDtRtrmt R6	RFHA	2564	_____ %

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Last/first/MI name SSN

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Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Asset allocation	AmFds 2050 TrgtDtRtrmt R6	RFIA	2565	_____ %
Asset allocation	AmFds 2055 TrgtDtRtrmt R6	BEGA	3967	_____ %
Asset allocation	AmFds 2060 TrgtDtRtrmt R6	CXSA	4996	_____ %
Asset allocation	AmFds 2065 TrgtDtRtrmt R6	GCEA	6750	_____ %
Asset allocation	AmFds Am Bal R6	RLBA	2550	_____ %
Asset allocation	Hrzn Activ Asst Alloc Inst	DYIA	5545	_____ %
Large-cap stocks	AmFds AMCAP R6	RAFA	2549	_____ %
Large-cap stocks	DFA US Cor Eq I	DFOA	2372	_____ %
Large-cap stocks	JnHnck Dscpid Val I	DPLA	5352	_____ %
Large-cap stocks	TRowePr Gr Stk	TPRA	1439	_____ %
Large-cap stocks	Vngrd Gr Indx Adml	CSRA	4874	_____ %
Mid-cap stocks	Invsco Mn St MdCap Y	POPA	1431	_____ %
Mid-cap stocks	Vngrd MdCap Val Indx Adml	CWRA	4971	_____ %
Small-cap stocks	Vngrd SmCap Val Indx Adml	CWXA	4976	_____ %
International stocks	AmFds EuroPacfc Gr R6	RERA	2583	_____ %
International stocks	AmFds SmCap Wld R6	RLGA	2638	_____ %
International stocks	DFA LgCap Intl	DFAA	2369	_____ %
International stocks	Fid Intl Indx	EVSA	6091	_____ %
International stocks	Invsco Devl Mkt R6	DTRA	5436	_____ %
International stocks	Vngrd Emrg Mkt StkIndxAdml	CSOA	4871	_____ %
Specialty	ALPS CrComMgCpltComStrat I	CJNA	4665	_____ %
Specialty	DFA Glbl RealEst Sec Inst	BTNA	4294	_____ %
Specialty	Invsco RealEst R6	EDKA	5670	_____ %

Total Percentage 100%

Double-check that your selections equal 100%.

Additional funds are available to you after this enrollment process is completed by visiting nationwide.com.

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 nationwide.com.

Beneficiary form

Case number: 563-60001 // SECTION 457 PLAN & TRUST OF PUBLIC UTILITY DISTRICT NO. 1 OF DOUGLAS COUNTY

Participant information

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

A	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: _____ %

Address: _____ SSN: _____

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

Address: _____ SSN: _____

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: _____ %

Address: _____ SSN: _____

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

Address: _____ SSN: _____

C	Complete and sign.
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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.
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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.