



# ENROLLMENT FORM

Please choose one:  Initial Authorization  Change of Authorization

## PARTICIPANT AUTHORIZATION - PLEASE CHECK OPTION 1 OR 2

1. \_\_\_\_\_ I authorize my employer to reduce my wages by the following amount, for deposit into the State Of Idaho 457 account established for my benefit:

An amount equal to \_\_\_\_\_%\* of my gross wages each pay period. Percentage must be whole Percentages from 1% to 100%\*\* or,  
An amount equal to \$\_\_\_\_\_ from my wages each pay period.

\*The annual contribution limit for the 457 plans is \$17,000, (\$22,500 if you are at least 50 years of age in 2012). If you contribute to both a 401(k) and a 457, you may contribute up to \$17,000 (\$22,500 if age 50) into each plan, for a total of \$34,000 (\$45,000). If you contribute to both a 403(b) and a 401(k), the combined annual contribution limit is \$17,000 (\$22,500 if at least 50).

\*\*Because of additional mandatory (FICA and PERSI) and voluntary (Health Insurance, Flex Plan, etc.) payroll deductions, you may not actually be able to defer 100% of your gross wages.

This authorization applies to future contributions only. Deferrals can start, increase or decrease no earlier than the first day of the month following the month this application is signed. It will be effective as of (pay date)\_\_\_\_\_ and will remain effective until I change or stop it by completing a new enrollment form.

I understand that distributions from the State of Idaho 457 plan are only allowed in the event of termination of employment, disability, retirement, death, or unforeseeable emergency.

**I understand that for new enrollment my contributions will automatically default into the Nationwide Fixed Account until I change my investment allocation via the Voice Response System (1 866-432-6789), the web at WWW.IDAHODC.COM or the Boise office at 342-8657 ext 1.**

2. \_\_\_\_\_ I elect to stop my contribution to the State of Idaho 457 Plan. I may begin contributions again later by completing a new Enrollment form.

## PARTICIPANT INFORMATION (Please print)

\_\_\_\_\_  
Participant Name (please print)                      Social Security Number                      Work Phone                      Home Phone

\_\_\_\_\_  
Address                      City, State and Zip Code

\_\_\_\_\_  
Date of Birth                      Agency-Dept.                      Sex:  M  F

\_\_\_\_\_  
Primary Beneficiary/Relationship                      Contingent Beneficiary/Relationship

\_\_\_\_\_  
Participant Signature                      Date \_\_\_\_\_

I have read and understand each of the statements on the front and back of this form, which have been drafted in compliance with the Internal Revenue Code. I accept these terms and understand that these statements do not cover all the details of the Plan or products.

\_\_\_\_\_  
E-mail Address

## **FUND ALLOCATIONS (must equal 100% if no allocation or if does not equal 100% in Fixed Account):**

### **FUND NAME**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

## STATE OF IDAHO 457 PLAN MEMORANDUM OF UNDERSTANDING

The purpose of the Memorandum of Understanding is to make you aware of the highlights, restrictions and cost of the State of Idaho Employee Deferred Compensation Plan. However it does not cover all the details of the Plan. You should refer to the Plan Document for specific details.

I understand and acknowledge the following:

1. I understand that my participation in the Plan is governed by the terms and conditions of the Plan Document. The product information brochure and fund prospectuses are available upon request at [www.idahodc.com](http://www.idahodc.com) or by calling 1-866-432-6789.
2. **The total annual deferral amount to all 457(b) plans is the lesser of \$17,000 or 100% of includible compensation. Under certain circumstances, additional amounts above the limit may be deferred into the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of Normal Retirement Age and did not defer the maximum amount in prior years. The Plan Document provides additional details about deferral limitations. Deferrals in excess of maximum amounts are not permitted and will be considered taxable income when refunded. It is my responsibility to ensure my deferrals do not exceed the annual limit.**
3. I may withdraw funds from the Plan only upon severance from employment; at age 70 1/2 (if deferrals have stopped); upon an unforeseeable emergency approved by the Plan; or I may take a one time in-service withdrawal if my account value is \$5,000 or less (as adjusted) and I have not deferred into the Plan for two or more years. 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 Internal Revenue Code and applicable regulations, some of which are expressed in the Plan Document.
4. Generally, my distributions must begin no later than April 1st following the year I reach age 70 1/2. If I work beyond age 70 1/2, generally, my distributions must begin no later than April 1st following the year I separate from service or retire. Please consult the plan document for additional information. All distributions are taxable as ordinary income and subject to income tax in the year received. My distributions must be made in a manner that satisfies the minimum distribution requirements of IRC Sec. 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 the payment of a 50% federal excise tax.
5. The funds in my account may be eligible for rollover to a traditional or Roth IRA or to an 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 Plan Administrator shall be responsible for those tax consequences.
6. I understand that all products are optional.
7. No more than 25% of deferrals can be used to purchase life insurance. The Life Insurance option is not available to new participants.
8. I understand that retirement income payments and termination values (if any), provided by the contract are variable when based on the investment experience of a separate account and are not guaranteed as to the dollar amount. This statement is not applicable to the fixed account value.
9. I understand that all amounts deferred into the plan and earnings on the amounts deferred are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries until such time as the deferred amount is made available to the participant or beneficiary.
10. I understand that I may make changes among the investment options within my account as frequently as daily, but any change may be subject to the restrictions of the Plan and/or investment provider. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully. Changes may be made by calling 1-866-432-6789 or logging on to [www.idahodc.com](http://www.idahodc.com).
11. Availability of life insurance options and other investment options may vary by plan. I understand that if the total investment option allocation is greater than 100%, my application will be rejected and my allocations will not be processed.

### NATIONWIDE FIXED ACCOUNT

- (1) A guaranteed interest rate is declared quarterly and credited daily, which is not lower than the minimum annual rate.
- (2) Exchanges and/or transfers may be made up to 100% of the participant's account value.
- (3) Nationwide may earn a spread on assets held in the Nationwide Fixed Account, which is reflected in the crediting rate. The spread represents the difference between what Nationwide earns on investments and what it credits to the Fixed Account as interest.

### MUTUAL FUND OPTIONS

- (1) The value of amounts allocated to mutual funds options will vary depending upon the value of the chosen mutual funds and could result in either a gain or loss. The fund prospectuses were made available to me and can be obtained upon request.

### MUTUAL FUND PAYMENTS DISCLOSURE

Nationwide Retirement Solutions, Inc. and its affiliates (Nationwide) offer 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 [www.nrsforu.com](http://www.nrsforu.com).

### ENDORSEMENT DISCLOSURE

Nationwide Retirement Solutions, Inc. and Nationwide Life Insurance Company have endorsement relationships with the National Association of Counties, The United States Conference of Mayors, and the International Association of Firefighters-Financial Corporation. Most information about the endorsement relationships may be found online at [www.nrsforu.com](http://www.nrsforu.com).