

Case number: 913-06584 // BOONE COUNTY MATCHING PENSION

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:

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 (Select one option below and continue to that section of the form.)
- ☐ Choose Asset Allocation (Jump to Section A below.)
- ☐ Choose Target Maturity (Jump to Section B below.)
- ☐ I'll do it myself (Jump to Section C below.)

A

Choose Asset Allocation

I prefer to pick just one fund, based on my risk tolerance.

Check one box below that aligns closest to your risk tolerance, then jump to the signature section at the end of this enrollment form.

Fund name	Fund code	Inquire code	Allocation percentage
<input type="checkbox"/> NW Inv Dest Aggr Svc	DAGD	970	100%
<input type="checkbox"/> NW Inv Dest Cnsrv Svc	DCFD	974	100%
<input type="checkbox"/> NW Inv Dest Mod Svc	DMFD	972	100%
<input type="checkbox"/> NW Inv Dest Mod Aggr Svc	DMAD	971	100%
<input type="checkbox"/> NW Inv Dest Mod Cnsrv Svc	DMCD	973	100%

Please turn to the next page.>

Last/first/MI name

SSN

B**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"/> NW Dest 2015 A	NWBD	2048	100%
<input type="checkbox"/> NW Dest 2020 A	NWCD	2049	100%
<input type="checkbox"/> NW Dest 2025 A	NWDD	2050	100%
<input type="checkbox"/> NW Dest 2030 A	NWED	2051	100%
<input type="checkbox"/> NW Dest 2035 A	NWGD	2052	100%
<input type="checkbox"/> NW Dest 2040 A	NWHD	2053	100%
<input type="checkbox"/> NW Dest 2045 A	NWID	2054	100%
<input type="checkbox"/> NW Dest 2050 A	NWJD	2055	100%
<input type="checkbox"/> NW Dest 2055 A	VBZD	2883	100%
<input type="checkbox"/> NW Dest 2060 A	CVXD	4951	100%

C**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
International stocks	AmCent Intl Gr A	TCGD	571	%
International stocks	FnklnTmp Forgn A	TFFD	550	%
International stocks	JnsHndrsn Gbl Rsrch T	JWFD	315	%
International stocks	NW Intl Indx A	NIID	966	%
International stocks	Opp Gbl A	PGZD	435	%
Small-cap stocks	Abrden US SmCap Eq A	PSCD	481	%
Small-cap stocks	Lazard US SmMdCap Eq Open	LSCD	329	%
Small-cap stocks	NeuBer Genesis Tr	NBTD	398	%
Small-cap stocks	NW NVIT Mult Mgr Sm Co I	SCFX	375	%
Small-cap stocks	NW SmCap Indx A	NSCD	967	%
Mid-cap stocks	Invsco MdCap Gr A	VGRD	553	%
Mid-cap stocks	NW MdCap Mkt Indx A	NMCD	968	%
Mid-cap stocks	WF Cmn Stk A	SCCD	319	%
Large-cap stocks	Abrden USMultCapEq InstSvc	BTHD	4289	%
Large-cap stocks	AmCent Gr Inv	TGZD	570	%

Continued on next page

Last/first/MI name

SSN

Continued from previous page

Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Large-cap stocks	AmCent Inc Gr A	ACID	572	%
Large-cap stocks	AmCent Ultra Inv	TCLD	580	%
Large-cap stocks	Drey App	DAFD	217	%
Large-cap stocks	Drey Sustnbl US Eq Z	DTZD	225	%
Large-cap stocks	FidAdv Eq Inc A	FEID	282	%
Large-cap stocks	FidAdv Gr Oppr A	FGOD	281	%
Large-cap stocks	JnsHndsrn Frty T	DVOD	5482	%
Large-cap stocks	JnsHndsrn Rsrch T	DVND	5481	%
Large-cap stocks	NeuBer Guardian Tr	NGTD	565	%
Large-cap stocks	NeuBer LgCp Val Tr	NPTD	410	%
Large-cap stocks	NW Dynmc US Gr A	NGFD	831	%
Large-cap stocks	NW Dynmc US Gr R6	NGZD	365	%
Large-cap stocks	NW Fd A	NWFD	830	%
Large-cap stocks	NW Fd Inst Svc	NFZD	385	%
Large-cap stocks	NW S P 500 Indx Svc	NSPD	356	%
Balanced	Drey Bal Oppr Z	DPBD	1458	%
Balanced	FidAdv Bal A	FABD	283	%
Balanced	FnklnMSF Mut Shrs A	TMSD	308	%
Balanced	Invsco Eq Inc A	VKED	304	%
Balanced	NW Dest 2015 A	NWBD	2048	%
Balanced	NW Dest 2020 A	NWCD	2049	%
Balanced	NW Dest 2025 A	NWDD	2050	%
Balanced	NW Dest 2030 A	NWED	2051	%
Balanced	NW Dest 2035 A	NWGD	2052	%
Balanced	NW Dest 2040 A	NWHD	2053	%
Balanced	NW Dest 2045 A	NWID	2054	%
Balanced	NW Dest 2050 A	NWJD	2055	%
Balanced	NW Dest 2055 A	VBZD	2883	%
Balanced	NW Dest 2060 A	CVXD	4951	%
Balanced	NW Inv Dest Aggr Svc	DAGD	970	%
Balanced	NW Inv Dest Cnsrv Svc	DCFD	974	%
Balanced	NW Inv Dest Mod Aggr Svc	DMAD	971	%
Balanced	NW Inv Dest Mod Cnsrv Svc	DMCD	973	%

Continued on next page

Last/first/MI name _____

SSN _____

Continued from previous page

Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Balanced	NW Inv Dest Mod Svc	DMFD	972	_____ %
U.S. bonds	AbordenGIUnconFxdIncInstSvc	CGFD	2677	_____ %
U.S. bonds	Drey BNYMeIn InsgtCorPls A	ETPD	6048	_____ %
U.S. bonds	Fed Bd F	FBDD	235	_____ %
U.S. bonds	Fed Hi Yld Tr Svc	FHYD	237	_____ %
U.S. bonds	NW Bd Inst Svc	NBZD	370	_____ %
U.S. bonds	NW Infl Prtct Sec Inst Svc	EHRD	5772	_____ %
U.S. bonds	Opp Gbl Strat Inc A	PSID	862	_____ %
Short-term bonds	AmCent ST Govt Inv	TUZD	575	_____ %
Short-term bonds	NeuBer Shrt Dur Bd Tr	NLTD	415	_____ %
Cash	NW Gov Mny Mkt R6	GMZD	688	_____ %
	Fixed	BOA2A	8002	_____ %

Total Percentage 100%

Double-check that your selections equal 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 nationwide.com.

Beneficiary form

Case number: 913-06584 // BOONE COUNTY MATCHING PENSION

Participant information

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

A

Enter primary beneficiary Information.

**Percentages
must total 100%**

**Percentage
of benefits**

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**

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.

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.

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.