

PERSONAL INFORMATION (please print clearly using black or blue ink)

Name: _____ Social Security # _____
Last First M.I.

Home Address _____ Date of Birth _____
Number, Street, Apt #, or P.O. Box

City State Zip

Phone (_____) _____ Employee ID _____
Home Work

Work Address _____ Date Employed/Retired _____
Number, Street City Zip

Gender Male Female
 Reired? Check if yes

Email _____ Agency Name _____

Employer 625031 - State of Nevada DCP 625032 - State of Nevada DCP Political Subdivision
 Location Code (LOC) _____

DEFERRAL ELECTION (Minimum \$35.00 per pay period or \$70.00 a month)

Deferral Amount \$ _____ per pay period Pre-tax (regular) And/Or \$ _____ per pay period Post-tax (Roth)
 Effective Date: This agreement will be effective the first payroll period of the month following the date this form is received and processed by the payroll department.

BENEFICIARY INFORMATION (If you need additional space please attach an additional page with the requested information.)

I designate the following beneficiary(ies) in accordance with the 457(b) Deferred Compensation Plan. Percentages must total 100%.

	Complete Legal Name (please print)	Relationship	Primary %	Contingent %
1.				
2.				
3.				
4.				

EMPLOYEE AGREEMENT TO PARTICIPATE IN NEVADA PUBLIC EMPLOYEES' DEFERRED COMPENSATION PROGRAM

The State of Nevada (the 'employer') has established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (the 'Plan') for the benefit of its employees. The Plan provides that eligible employees may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Participation Agreement with the employer. The employer and employee agree the following:

- Employee has received a packet of information outlining the terms of the Plan.
 - Employee elects to participate in the Plan and agrees to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code). The maximum amount that may be deferred under the Plan for the current year is generally the lesser of 100% of compensation or the applicable IRS annual dollar limit. Minimum deferral is \$35.00 per pay period.
 - Employee agrees that all rights to the deferred compensation plan shall be governed by the terms and conditions of the Plan and Code.
 - Employee agrees that the elections indicated above will remain in effect until later changed or revoked by the employee or contributions during any year reach the maximum dollar amount allowed under the Plan and Code.
 - Employee understands and elects to utilize the State of Nevada EZ Enrollment / Participation process and will have contributions to the Nevada Public Employees' Deferred Compensation Program invested in the default fund identified below, which has been designated by the employer. The employee further understands that investment allocations may be changed at any time.
- TO TRANSFER/CHANGE INVESTMENTS CALL: 1-855-467-3868 (855-GORETNV) or VISIT nevada.beready2retire.com.

Your Date of Birth	Fund Name	Fund ID
Born before 01/01/1948	Vanguard Target Retirement Income Investor	5D
Between 1/1/1948 and 12/31/1952	Vanguard Target Retirement 2015 Investor	11
Between 1/1/1953 and 12/31/1957	Vanguard Target Retirement 2020 Investor	5E
Between 1/1/1958 and 12/31/1962	Vanguard Target Retirement 2025 Investor	5G
Between 1/1/1963 and 12/31/1967	Vanguard Target Retirement 2030 Investor	5F
Between 1/1/1968 and 12/31/1972	Vanguard Target Retirement 2035 Investor	5H
Between 1/1/1973 and 12/31/1977	Vanguard Target Retirement 2040 Investor	6X
Between 1/1/1978 and 12/31/1982	Vanguard Target Retirement 2045 Investor	5T
Between 1/1/1983 and 12/31/1987	Vanguard Target Retirement 2050 Investor	6Y
Between 1/1/1988 and 12/31/1992	Vanguard Target Retirement 2055 Investor	5P
Between 1/1/1993 and 12/31/1997	Vanguard Target Retirement 2060 Investor	5K
On or After 1/1/1998	Vanguard Target Retirement 2065 Investor	5N

I certify that the information is true, accurate and complete.

Participant's Signature _____ Date _____

NDC Personnel Only _____ Date _____

RETURN FORM TO:

NDC OFFICE
 100 N. Stewart St., Suite 100
 Carson City, NV 89701
 Phone: 775.684.3397
 Fax: 775.684.3399
 Email: deferredcomp@defcomp.nv.gov
 Website: <http://defcomp.nv.gov/>

Revision Date: 02/11/2022

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