



# EZ Enrollment Participation Agreement

## PARTICIPANT INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First M.I.

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

\_\_\_\_\_ Employee ID# \_\_\_\_\_  
City State Zip

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Date Employed/Rehired \_\_\_\_\_  
Home Phone Work Phone mm/dd/yyyy

Work Address \_\_\_\_\_ Rehired? Check if yes   
Number, Street City Zip Gender  Male  Female

Email \_\_\_\_\_ Agency Name \_\_\_\_\_

Employer  State of Nevada  NV System Higher Ed (NSHE)  Political Subdivision (City, County, Non-State)

## DEFERRAL ELECTION (Minimum \$35.00 per pay period)

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 DESIGNATION

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 %
<i>Total must = 100%</i>		<i>Total must = 100%</i>	

## 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:

1. Employee has received a packet of information outlining the terms of the Plan.
2. 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.
3. Employee agrees that all rights to the deferred compensation plan shall be governed by the terms and conditions of the Plan and Code.
4. 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.
5. 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: 1.800.584.6001 or VISIT [nevada.beready2retire.com](http://nevada.beready2retire.com).**

Your Date of Birth	Fund	Fund Name
Born before 01/01/1948	4711	Vanguard® Institutional Target Retirement Income Fund - Inst
Between 1/1/1948 and 12/31/1952	4701	Vanguard® Institutional Target Retirement 2015 Fund - Inst
Between 1/1/1953 and 12/31/1957	4702	Vanguard® Institutional Target Retirement 2020 Fund - Inst
Between 1/1/1958 and 12/31/1962	4703	Vanguard® Institutional Target Retirement 2025 Fund - Inst
Between 1/1/1963 and 12/31/1967	4704	Vanguard® Institutional Target Retirement 2030 Fund - Inst
Between 1/1/1968 and 12/31/1972	4705	Vanguard® Institutional Target Retirement 2035 Fund - Inst
Between 1/1/1973 and 12/31/1977	4706	Vanguard® Institutional Target Retirement 2040 Fund - Inst
Between 1/1/1978 and 12/31/1982	4707	Vanguard® Institutional Target Retirement 2045 Fund - Inst
Between 1/1/1983 and 12/31/1987	4708	Vanguard® Institutional Target Retirement 2050 Fund - Inst
Between 1/1/1988 and 12/31/1992	4709	Vanguard® Institutional Target Retirement 2055 Fund - Inst
Between 1/1/1993 and 12/31/1997	4710	Vanguard® Institutional Target Retirement 2060 Fund - Inst
On or After 1/1/1998	8985	Vanguard® Institutional Target Retirement 2065 Fund - Inst

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

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

NDC Personnel Only _____	Date _____
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### 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](mailto:deferredcomp@defcomp.nv.gov)  
 Website: <http://defcomp.nv.gov/>

