

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

_____ Employee ID _____
City State Zip

Phone (____) _____ Date Employed/Rehired _____
Home Work

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

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 administratively possible payroll period 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% for each column in whole numbers.

	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	625031 Fund ID	625032 Fund ID
Born before 01/01/1953	Vanguard Target Retirement Inc Trust II	DX	MM
Between 01/01/1953 and 12/31/1957	Vanguard Target Retirement 2020 Trust II	DO	E3
Between 01/01/1958 and 12/31/1962	Vanguard Target Retirement 2025 Trust II	DS	ML
Between 01/01/1963 and 12/31/1967	Vanguard Target Retirement 2030 Trust II	DP	KH
Between 01/01/1968 and 12/31/1972	Vanguard Target Retirement 2035 Trust II	DR	IA
Between 01/01/1973 and 12/31/1977	Vanguard Target Retirement 2040 Trust II	DU	KF
Between 01/01/1978 and 12/31/1982	Vanguard Target Retirement 2045 Trust II	DZ	KA
Between 01/01/1983 and 12/31/1987	Vanguard Target Retirement 2050 Trust II	DQ	KD
Between 01/01/1988 and 12/31/1992	Vanguard Target Retirement 2055 Trust II	DY	KC
Between 01/01/1993 and 12/31/1997	Vanguard Target Retirement 2060 Trust II	DT	KG
Between 01/01/1998 and 12/31/2002	Vanguard Target Retirement 2065 Trust II	EO	KE
On or After 01/01/2003	Vanguard Target Retirement 2070 Trust II	DV	KB

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

RETURN FORM TO:

NDC OFFICE
 100 N. Stewart St., Suite 210
 Carson City, NV 89701
 Phone: 775.684.3398
 Fax: 775.684.3399
 Email: deferredcomp@defcomp.nv.gov
 Website: <http://defcomp.nv.gov/>

Participant's Signature _____ Date _____

NDC Personnel Only _____ Date _____