Nationwide®
Retirement Solutions
a Nationwide® Financial company

P.O. Box 182797
Columbus, Ohio 43218-2797

PST Deferred Compensation Plan Participant Agreement

Employer Name SONOMA COUNTY

Account Number 0041611002

☐ Initial Enrollment ☐ Re-Enrollment ☐ Change of Address ☐ Beneficiary Change ☐ Name Change

PARTICIPANT INFORMATION

Last Name | First Name | Middle | Social Security Number

Address (Number and Street) | Date of Birth

City | State | Zip | ( ) Home Phone

Email Address | ( ) Work Phone

The employer has established a deferred compensation plan for the benefit of its employees. The plan provides that eligible employees may elect to join and become a participant in the plan (subject to the limitations established in the plan of the employer) upon executing and filing a participation agreement with the employer. The employer and employee agree to the following:

1. Employer will provide employee with a current copy of the plan.
2. Employee shall become a participant, and shall defer payments pursuant to the plan so that the annual deferral shall not be less than 7.5% of wages as defined in Section 3121(a) and 3121(v) of the Internal Revenue Code, nor more than the annual maximum permitted under IRC Section 457.
3. Employee agrees all rights to the deferred compensation shall be governed by the terms and conditions of the Plan.

DEFERRAL AMOUNT

Total deferral amount per pay period.....$ 7.5%

Date to begin deferrals ..... / /

Payday: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Employee Number

Department

INVESTMENT OPTIONS

$

$

DESIGNATION OF BENEFICIARY

I hereby designate the following as my beneficiary(ies) under the above named deferred compensation plan subject to my right to change this designation as provided in said plan.

Primary Beneficiary(ies)

1.

Beneficiary Name (please print)

Relationship to Participant | Social Security Number

Beneficiary's Address

City | State | Zip | Percentage %

2.

Beneficiary Name (please print)

Relationship to Participant | Social Security Number

Beneficiary's Address

City | State | Zip | Percentage %

If the participant's spouse is not designated as the sole primary beneficiary, the spouse must sign consent.
Consent of Spouse: Being the participant's spouse, I hereby consent to the above designation.

SIGNATURE OF SPOUSE | DATE | SIGNATURE OF WITNESS | DATE

Contingent Beneficiary(ies)

1.

Beneficiary Name (please print)

Relationship to Participant | Social Security Number

Beneficiary's Address

City | State | Zip | Percentage %

2.

Beneficiary Name (please print)

Relationship to Participant | Social Security Number

Beneficiary's Address

City | State | Zip | Percentage %

Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

SIGNATURE OF PARTICIPANT | DATE

AUTHORIZED SIGNATURE / EMPLOYER | DATE