

Staff Name

NEVADA DEFERRED COMPENSATION EZ ENROLLMENT / PARTICIPATION AGREEMENT

Group Number	MassMutual
	FINANCIAL GROUP

Fax: 775.684.3399

Email: deferredcomp@defcomp.nv.gov

Website: http://defcomp.nv.gov/

	PARTICII	PANT INFORMATION				
Name		-	Social Security #			
	(First)	(MI)	- Social Securi	Social Security "		
Address			Date of Birth:			
(Street)			Date Employ	ved/Rehired:		
(City)	(State)	(ZIP)	- ···· F -··,	Date Employed/Rehired:		
Phone		Gender Male Female		male \square		
Home Phone	`	Work Phone Employee ID #:				
Agency Name Email			Employee 1D #.			
DEFERRAL ELECTION						
Deferral Amount \$ per pay p Effective Date: This agreement will be effective the payroll department.		gular) And/Or \$_ Il period of the month foll 2.50 per pay period	plowing the date t	er pay period post-t his form is received	ax (Roth) and processed by	
		CIARY DESIGNATION				
I designate the following beneficiary(ies) in accordance with the 457(b) Deferred Compensation Plan.						
Complete Legal Name (please print)		Relationship	<u> </u>	Primary %	Contingent %	
			7	Total must = 100%	Total must = 100%	
EMPLOYEE AGREEMENT TO	O PARTICIPATI	E IN THE NEVADA DE	FINED CONTI	RIBUTION PROGI	RAM	
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.						
 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 \$12.50 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 by contacting MassMutual at (800) 255-2464 or linking to Account Access from http://retirement.massmutual.com/. 						
Your Date of Birth	Fund #	Fund Name				
On or Prior to 12/31/1949	BS	Vanguard Target Retirement Income		_		
Between 1/1/1950 and 12/31/1959	8V 9F	Vanguard Target Retirement 2015		\dashv		
Between 1/1/1960 and 12/31/1969 Between 1/1/1970 and 12/31/1979	9F 9S	Vanguard Target Retirement 2025 Vanguard Target Retirement 2035		\dashv		
On or After 1/1/1980	BB	Vanguard Target Retire				
I certify that the information on this form is true, complete and accurate. RETURN FORM TO:						
Participant's Signature NDC Personnel Only	Date	ND 100 Car	C Office N. Stewart Steson City, NV One: 775.684.3	t., Suite 210 89701		

Date