

NEVADA DEFERRED COMPENSATION EZ ENROLLMENT PARTICIPATION AGREEMENT



| (Last) (| First) | (MI) | Social Security # | | |
|---|---|--|--|--|---|
| Address(Number, Street, Apt #) | | | | | |
| | | | Employee ID# | | |
| (City) (| State) | (ZIP) | | | |
| | () | | Date Emplo | yea/Kemrea: | |
| Home Phone No. | Wor | rk Phone No. | Rehired? | Check if ye | es |
| Email | | | Gender | Male | Female |
| This agreement will be effective t | he first full payroll p | | | | |
| designate the following beneficiary(ies) in accordance with the Complete Legal Name (please print) | | 57(b) Deferred Compensation Plan. F Relationship | | | |
| Y Y / | | • | | | 8 |
| | | | | | |
| | | | | T 1 1 1000/ | Total must = 100% |
| A CDEEMENT TO DA DTICID | ATE IN NEVADA | DUDI IC EMBI OVI | rect Decemb | | |
| employee agree the following: s received a packet of information of cts to participate in the Plan and agen amount that may be deferred und limit. Minimum deferral is \$12.50 rees that all rights to the deferred correct that the elections indicated abortimum dollar amount allowed under derstands and elects to utilize the Soferred Compensation Program in rstands that investment allocatio | outlining the terms of grees to defer compenser the Plan for the curper pay period. The per pay period plan shawe will remain in effer the Plan and Code tate of Nevada EZ Envested in the default for may be changed a | sation to the Plan in according to the Plan in according to the rest generally the Boundary of the section of the Plan in according to the Plan in | rms and condition r revoked by the process and will thich has been de | of compensation or as of the Plan and Comployee or contributions have contributions signated by the emp | the applicable IRS ode. utions during any year to the Nevada Public loyer. The employee |
| our Date of Birth | Fund # | Fund Name | | | |
| or Prior to 12/31/1949 | 795 (35) | Vanguard Target R | | ne | |
| tween 1/1/1950 and 12/31/1959 | 791 (36) | Vanguard Target R | | | |
| 4 /4 /4 0 40 | 926 (38) | ■ Vanguard Target R | | l l | |
| tween 1/1/1960 and 12/31/1969 | ` ′ | | etirement 2025 | | |
| tween 1/1/1970 and 12/31/1979 | 793 (39) 794 (3A) | Vanguard Target R | etirement 2035 | | |
| tween 1/1/1970 and 12/31/1979 or After 1/1/1980 | 793 (39) 794 (3A) | Vanguard Target R Vanguard Target R | etirement 2035 etirement 2045 | | |
| tween 1/1/1970 and 12/31/1979 | 793 (39) 794 (3A) | e. RET NDC 100 N Cars | etirement 2035 | , Suite 210 89701 | \ |
| | Home Phone No. Email This agreement will be effective thement. Minimum \$12.50 lowing beneficiary(ies) in accord I Name (please print) AGREEMENT TO PARTICIPAL (the 'employer') has established an provides that eligible employees of filing a Participation Agreement we employee agree the following: a received a packet of information of cets to participate in the Plan and age in amount that may be deferred under the plan in the Plan and age in amount that may be deferred under the plan and age in amount that may be deferred under the plan and age in amount allowed under the plan and age in the Plan and age in amount that may be deferred under the plan and age in amount that may be deferred under the plan and age in amount allowed under the plan amount allowed under the plan and the plan and allowed under the plan and allowed under the plan and the | Email | Home Phone No. Email | Home Phone No. Work Phone No. Rehired? Email | Home Phone No. Work Phone No. Rehired? Check if yet |

Date

Staff Name

EMAIL: deferredcomp@defcomp.nv.gov
WEBSITE: http://defcomp.nv.gov/