

See Important Note Below*

Arizona State Retirement System Supplemental Retirement Savings Plan 401(a)

The Supplemental Retirement Savings Plan is qualified under Section 401(a) of the Internal Revenue Code. The program allows eligible members to contribute tax-deferred money into an account that can be drawn upon in retirement. This plan will be administered through Nationwide Retirement Solutions.

To be eligible for this program, you must meet the following criteria:

- Must be at least 30 years of age
- Must be eligible for ASRS or PSPRS

If you meet the above criteria:

- There is a two (2) **year window of opportunity** to enroll as follows:
 - Upon inception of the plan (07/01/2008 - 06/30/2010)*
 - Upon date of hire if you are age 30 or older
 - Upon attaining the age of 30

***IMPORTANT NOTE: For employees already hired upon inception of the 401(a) plan (07/01/2008) and were age 30 or older at the time, 06/30/10 is the end of your window of opportunity to enroll.**

- Your election is **Irrevocable**. This means that you cannot make any changes to your contribution amount or end participation during your employment with the City.
 - If you do not elect the plan during your window of opportunity, you cannot join
 - Once elected, you cannot increase or decrease your contribution amount

Go to www.azsrsp.com for more information



Arizona State Retirement System

Defined Contribution Supplemental Retirement Savings Plan

Participation Agreement

Personal Information

Name:	SSN:
Address:	City, State, & ZIP:
Date of Birth:	Email Address:
Home Phone Number:	Work Phone Number:
Date of Hire with current employer:	Department:
Employer:	Contribution Amount: \$ _____ OR _____%
Contribution Start Date:	Plan Number (NRS Use Only):

Beneficiary Designation

Check here if this is a change of beneficiary. (Beneficiaries listed below replace any prior designation)

NOTE: Percentage split must total 100% for each category of beneficiary.

If additional space for beneficiaries is required, attach additional sheets and mark this box:

Primary Beneficiary(ies) (must total 100%):

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Contingent Beneficiary(ies) (must total 100%):

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Funding Options

ASSET ALLOCATION - NATIONWIDE® INVESTOR DESTINATIONS SERIES

_____ % NDASX Aggressive Fund (Service Class)

_____ % NSDMX Moderate Fund (Service Class)

_____ % NDCSX Conservative Fund (Service Class)

WORLD ALLOCATION

_____ % WASAX Ivy Asset Strategy A

FOREIGN LARGE BLEND

_____ % VGTSX Vanguard Total International Stock Index

_____ % REREX American Funds EuroPacific Growth Fund
(Class R4)

SMALL CAP

_____ % NAESX Vanguard Small Cap Index

_____ % VSEAX JP Morgan Small Cap Equity A

MID CAP

_____ % VIMSX Vanguard Mid Cap Index

_____ % DPSRX Dreyfus Premier Structured Mid Cap R

LARGE CAP

_____ % VFINX Vanguard 500 Index

_____ % DGAGX Dreyfus Appreciation Fund

SPECIALTY

_____ % AGREX INVESCO Global Real Estate Fund (Class A)

DIVERSIFIED EMERGING MARKETS

_____ % LZOEX Lazard Emerging Market Open Class Fund

INTERMEDIATE-TERM BONDS

_____ % VBMFX Vanguard Total Bond Market Index

_____ % MWTRX Metropolitan West Total Return Bond Fund

FIXED/CASH

_____ % N/A Morley Stable Value Fund

100% Total for both columns must equal 100%

Authorization

I have read and understand each statement on this form. I accept these terms and understand that these statements do not cover all of the details of the Plan or investment products offered with the Plan.

Participant Signature:	Date:
Retirement Specialist Name (Print):	FSR # Code
Principal:	



Arizona State Retirement System

Defined Contribution Supplemental Retirement Savings Plan

Memorandum of Understanding

The purpose of the Memorandum of Understanding is to highlight some of the characteristics, restrictions and costs of participation in the Plan. While all efforts have been made to cover the main provisions of participation in the Plan, this Memorandum of Understanding is not intended to cover all specific details of the Plan. I have read and acknowledge the following:

General Provisions of Participation:

My employer has adopted the Arizona State Retirement System Plan Supplemental Retirement Savings Plan (SRSP), which is administered by Nationwide Retirement Solutions, Inc. (NRS).

I have reviewed and understand this Memorandum and I have had the opportunity to contact NRS with questions regarding the terms of my participation within the Plan.

1. I understand that my participation in the Arizona State Retirement System Plan Supplemental Retirement Savings Plan (SRSP) is governed by the terms and conditions of the Plan Document. The product information brochure and fund prospectuses are available upon request from:
 - The local Nationwide Retirement Specialist at 602-266-2733.
 - The Arizona State Retirement System Plan Supplemental Retirement Savings Plan website at www.azsrsp.com.
 - The Nationwide Retirement Solutions Customer Service Center at 888-292-1401.
2. I am only able to make contributions to this Plan through salary reduction. The salary reduction amount I choose will be withheld from my paycheck beginning with the earliest possible pay period after NRS and my pay center have processed my request. Such reduction is irrevocable.
3. The Internal Revenue Code (Code) sets limits on the maximum amount I may contribute to the Plan and other retirement accounts on an annual basis. It is my responsibility to adhere to these maximums. Upon request, a NRS representative will provide me assistance to determine my contribution limits.
4. I may elect a beneficiary to receive the proceeds of my account upon my death. Should I fail to make such election, upon death, the proceeds of my Plan account shall be paid according to the default beneficiary provisions of the Plan. My beneficiary elections must be made on a form provided by NRS and become effective only upon acceptance and processing of the form by NRS.
5. The Code has prescribed specific conditions that must be met in order to take a distribution from the Plan. The conditions generally include termination from employment.
6. I generally must begin distributions from my account within the Plan no later than April 1st following the calendar year in which I attain age 70½, however, should I still be working at age 70½, I may defer distributions until the date I actually retire.
7. Distributions from my account will be taxable and may be subject to penalty for early withdrawal (withdrawals made prior to age 59½). Upon distribution, I will receive a special tax withholding notice that describes the options then available to me.
8. I understand that there is a vesting schedule that applies to Employer contributions and earnings, and that if I have not been employed for a five year period, that I will receive the vested amount of the contributions made by the Employer and the earnings resulting from these contributions. Employer contributions and earnings are vested according to the following schedule:

Less than one year of service.	0%
One year but less than two years of service.20%
Two years but less than three years of service.40%
Three years but less than four years of service60%
Four years but less than five years of service.80%
Five years or more100%
9. I will notify NRS, in writing, of any financial changes, non-financial changes, or requests for distribution.
10. I understand that at the time I terminate from employment, I can choose a distribution option.

Provisions of Investment Options:

1. The investment options available to me through the participation in the Plan, unless otherwise noted, are variable and subject to increase or decrease in value according to changes in the market. My principal (contribution amount) is not guaranteed.
2. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.
3. I may request additional information regarding any of the investment options available to me under the Plan by contacting NRS.

Administrative Fees

1. The fee deducted daily from Tier One is in an amount equivalent to 0.30% per year. The fee deducted for Tier Two is in an amount equivalent to 0.20% per year.
2. I understand that the value of the investment options I select may change on a daily basis and there is no guarantee of principal or investment returns.

Morley Stable Value Retirement Fund

1. The Morley Stable Value Retirement Fund is not a mutual fund.
2. I understand that exchanges to competing investment options must be held in a non-competing investment option for a minimum of 90 days before I can subsequently transfer to a competing option.

Mutual Fund Payment Disclosure

Nationwide Retirement Solutions, Inc. and its affiliates (Nationwide) offer a variety of investment options to public sector retirement plans through variable annuity contracts, trust or custodial accounts. Nationwide may receive payments from mutual funds or their affiliates in connection with those investment options. For more detail about the payments Nationwide receives, please visit www.nrsforu.com.

Endorsement Disclosure

Nationwide Retirement Solutions, Inc. and Nationwide Life Insurance Company have endorsement relationships with the National Association of Counties and the International Association of Firefighters-Financial Corporation. More information about the endorsement relationships may be found online at www.nrsforu.com.

