

MassMutual Retirement Services  
PO Box 219062  
Kansas City, MO 64121-9062

First Last  
Street Address 1  
Street Address 2  
City, ST Zip

July 16, 2018

Re: Washoe County Deferred Compensation Plan

Enclosed is important information about your retirement plan and investment options. Please review this information carefully.

In an effort to streamline your retirement planning, and help you cut clutter, reduce waste and increase security, MassMutual is going digital. Your quarterly statements will be delivered to your online account - to access your statements, simply log into your account at [www.retiresmart.com](http://www.retiresmart.com), and your statement will be posted to your account in Portable Document Format (PDF). To view the PDF, it is required you have Adobe® Acrobat® viewer software installed on your personal computer. The software is available for download, free of charge, from the Adobe® website. If you do not have the ability to access and retain PDF documents on your personal computer, then paper statements are available, free of charge, via U.S. mail - to elect paper delivery of your quarterly statements please contact our Participant Information Center at 1-800-743-5274 or change your election under the "My Preferences" tab on RetireSmart.com.

If your plan has elected to send a paper statement, you will automatically receive a paper version of your quarterly statement delivered via U.S. mail in addition to the ability to view your statements online.

Sincerely,  
MassMutual Retirement Services



# Enrollment Form

Washoe County Deferred Compensation Plan  
Washoe County  
61971-2-1

## 1 Enter your personal information (Please print clearly)

Employee  Surviving Beneficiary (attach notice of death form)  Alternate Payee (attach a QDRO form)

Participant's Name (First, Middle Initial, Last)

Participant's Social Security Number (SSN)

Street Address

Apt. No.

Birthdate: mm - dd - yyyy

City

State

Zip

( )

( )

Daytime Phone

Evening Phone

E-mail Address

Marital Status:  Married  Single or Legally Separated  Check here to sign up for email notification\*

## 2 Choose your payroll deduction method

- Before-Tax Contribution:** \$ \_\_\_\_\_ or \_\_\_\_\_% (fill in only one) of my compensation each pay period for deposit to my before-tax account. Each before-tax contribution amount cannot exceed any applicable limit set by the Plan. In addition, total before-tax contributions to all qualified retirement plan(s) you participate in cannot exceed \$18,500 for the 2018 calendar year.
- Roth Contribution:** \$ \_\_\_\_\_ or \_\_\_\_\_% (fill in only one) of my compensation each pay period for deposit to my Roth account (not to exceed any Roth contribution limits set by the plan; read your summary plan description for more details).

## 3 Choose one of the investment strategies from A, B, or C below

Your investment strategies are outlined on the following pages. **Choose the one that works for you.**

**IMPORTANT NOTE:** This investment election applies to your rollover and all future contributions.

If you are currently invested in a CustomChoice Strategy and you change your investments, you will no longer be invested in the strategy.

Until you make your option investment selection, your contributions will be invested in the Guaranteed Interest Account.

### A: Age-Based Investment Option

(If you make a selection here, do not make a selection under any other option.)

If you select one of these Asset Allocation investment options, based on the date closest to the year you plan to retire, you're almost done! Check the appropriate box and go to Step 4.

- Retirement 2010  Retirement 2015  Retirement 2020  Retirement 2025  Retirement 2030  
 Retirement 2035  Retirement 2040  Retirement 2045  Retirement 2050  Retirement 2055  
 Retirement 2060

**Target Asset Allocation Investment Options** are single solutions that offer professional management and monitoring as well as diversification — all in one investment. Each investment option has an automatic process that invests more conservatively as retirement nears and the options are named to coincide with a particular retirement date.

# Enrollment Form

Washoe County Deferred Compensation Plan  
 Washoe County  
 61971-2-1

or

## B: Custom Portfolio Investment Option

(If you make a selection here, do not make a selection under any other option.)

Custom portfolios, based on different risk tolerances, have been arranged using the individual funds available to your plan. **The amounts of each individual fund contained in the different Custom Portfolio investment options are shown to the right of the fund list below.** If you select one of these Custom Portfolio investment options, you're almost done! Check the appropriate box and go to Step 4.

Short Term     
  Conservative     
  Moderate     
  Aggressive     
  Ultra Aggressive

or

## C: Individual Fund Option

(If you enter selections here, do not make a selection under any other option above.)

First, select the individual funds in which you wish to invest. Then, enter the percentage of your contributions to be invested in each of those funds in the space provided. Make sure selections are whole percentages and total 100%. When they add up to 100%, you're almost done! Go to Step 4.

### Breakdowns for Custom Portfolio Options

Investment Options	Employee Contributions	Short Term	Conservative	Moderate	Aggressive	Ultra Aggressive
Guaranteed Interest Account	_____%	95%	21%	6%	2%	-
Hartford Total Return Bond HLS Fd	_____%	45%	46%	32%	12%	-
PIMCO High Yield Fund	_____%	-	-	-	-	-
PIMCO Foreign Bond Fund	_____%	-	3%	2%	2%	-
American Funds Balanced Fund	_____%	-	-	-	-	-
American Century Equity Income	_____%	-	2%	4%	5%	6%
Wells Fargo Disciplined US Core	_____%	-	2%	3%	5%	6%
Vanguard Institutional Index Fd	_____%	-	10%	18%	26%	34%
American Funds Growth Fund America	_____%	-	4%	8%	10%	12%
Htchks and Wly Mid Cap Val Fd	_____%	-	-	1%	2%	1%
Vanguard Mid Cap Index	_____%	-	2%	6%	6%	7%
Hartford MidCap HLS Fund	_____%	-	-	1%	2%	1%
Vanguard Small Cap Index	_____%	-	2%	4%	5%	6%
AMG Managers Skyline Specl Eq	_____%	-	2%	3%	4%	5%
Wells Fargo Small Co Growth Fd	_____%	-	1%	1%	2%	2%
AmerFunds EuroPacific Gr Fund	_____%	-	4%	9%	14%	17%
DFA Int'l Small Cap Val Prtfl Fd	_____%	-	-	-	-	-
Lazard Emerging Markets Fund	_____%	-	1%	2%	3%	3%

100%

# Enrollment Form

Washoe County Deferred Compensation Plan

Washoe County

61971-2-1

## 4 Sign, date and return your forms

Please provide your signature and mail to: MassMutual, PO Box 219062, Kansas City, MO 64121. For overnight delivery, mail to: MassMutual, 430 W. 7th St., Kansas City, MO 64105. After receipt of this form, MassMutual will send you written confirmation once your account has been updated.

I understand I may revoke this election at any time or I may change this election as allowed by the Plan. I understand that the maximum annual limit on contributions is determined under the Plan document and the Internal Revenue Code. Any amounts contributed may be reduced or returned to me as required by these limitations.

X

Participant's Signature

Date

**IMPORTANT NOTE:** IF YOU ENROLL BY MAILING THIS FORM TO MASSMUTUAL, BUT THEN SUBSEQUENTLY CHANGE YOUR ELECTIONS THROUGH THE AUTOMATED PHONE LINE OR THE PARTICIPANT WEBSITE, THE MOST RECENTLY DATED ACTIVITY WILL PREVAIL. FOR YOUR MAILING ADDRESS, PROVIDE EITHER A STREET ADDRESS OR P.O. BOX, NOT BOTH. IF YOU PROVIDE BOTH, MASSMUTUAL WILL FOLLOW USPS GUIDELINES AND USE THE P.O. BOX AS YOUR MAILING ADDRESS.

**If you have selected an investment strategy and one or more of the strategy's component investments listed on your form has been replaced, any contributions that would have been invested in that component investment will be invested according to the investment allocation in effect at the time the strategy is implemented and the new component will be listed on your confirmation form.**

**Investors should consider an investment's objectives, risks, charges and expenses carefully before investing. For this and other information, see the prospectus available from your plan sponsor, on the participant website at [www.retiresmart.com](http://www.retiresmart.com) or by contacting our Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 8:00 p.m. ET, Monday through Friday. Read it carefully before investing.**

**\*By selecting 'Email Notification' in Section 1 above, you are consenting to receive electronic notices regarding materials for your retirement plan. You will receive an email notification that will contain a link to our secure participant website log-in page. Once you log-in to your account, you will be able to view all available plan-related documents referenced in the electronic notice. You may view the documents online, save them to your personal computer, or print them for your records. Documents will be posted either in HTML or PDF format. By electing 'Email Notification,' you are verifying that you possess the ability to view and download HTML and PDF documents. These documents are required under Title I of ERISA and may include, for example, a Summary Plan Description, a Summary of Material Modification, individual benefit statements, investment related information, as well as any notice or communication required under the Internal Revenue Code (IRC) including but not limited to, loan notes, notices to interested parties, and notices of available distribution options. In the event of an invalid email address, full mailbox, or spam settings, MassMutual will send printed material via U.S. mail. The election or cancellation date of the email notification program may result in notifications remaining in their existing delivery method for a short period of time. Adobe Acrobat Reader version 7.0 or higher is required to view retirement statements. Visit [www.adobe.com](http://www.adobe.com) for a free download.**

**To get the most out of your plan...**You may also roll over your eligible distributions from your prior employer's qualified plan.



# Beneficiary Form

Washoe County Deferred Compensation Plan  
Washoe County  
61971-2-1

## 1 Enter your personal information (Please print clearly)

Participant's Name (First, Middle Initial, Last)		Participant's Social Security Number (SSN)
Street Address	Apt. No.	Birthdate: mm - dd - yyyy
City	State	Zip
( )	( )	
Daytime Phone	Evening Phone	E-mail Address
		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single or Legally Separated

## 2 Designate beneficiary(ies) (Check one box only)

A.  **Spouse Primary Beneficiary:** I would like my spouse to receive my entire account balance upon my death. **If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent on the back of this form.**

Spouse's Name	Spouse's Social Security Number (SSN)	Spouse's Date of Birth: mm - dd - yyyy
---------------	---------------------------------------	--

or

B.  **Non-Spouse or Multiple Primary Beneficiaries:** I would like the following person(s) to receive my entire account balance upon my death. (If division is other than equal shares, write in whole percentages totaling 100%.)

Beneficiary Name	Social Security Number	Relationship	Percentage
			%
			%
			%
			%

# Beneficiary Form

Washoe County Deferred Compensation Plan  
Washoe County  
61971-2-1

## Contingent Beneficiary (Optional)

If no Primary Beneficiary listed on the front of this form is alive upon my death, I designate the following person(s) to receive my account balance upon my death: **(Must be in whole percentages totaling 100%.)** **NOTE: MassMutual does not retain Contingent Beneficiary information nor will it be displayed on the participant website.**

Beneficiary Name	Social Security Number	Relationship	Percentage	%
Beneficiary Name	Social Security Number	Relationship	Percentage	%
Beneficiary Name	Social Security Number	Relationship	Percentage	%
Beneficiary Name	Social Security Number	Relationship	Percentage	%

**3**

## Provide spousal consent (If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent below.)

I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Public's Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Commission Expires \_\_\_\_\_

**4**

## Sign, date and return your forms

Please provide your signature and mail to: MassMutual, PO Box 219062, Kansas City, MO 64121. After receipt of this form, MassMutual will send you written confirmation once your account is established.

**X**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

©2018 Massachusetts Mutual Life Insurance Company (MassMutual), Springfield, MA 01111-0001. All rights reserved. [www.massmutual.com](http://www.massmutual.com).