The State of IDAHO
Deferred Compensation Plan

ENROLLMENT FORM

Please choose one : ❒ **New** ❒ **Change** ❒ **Change of Address**
Plan Type : ❒ **Pre-Tax 457** ❒ **Roth 457** ❒ **Both**

PARTICIPANT AUTHORIZATION - PLEASE CHECK OPTION 1 OR 2

1. _____ I authorize my employer to reduce my wages by the following amount, for deposit into the State of Idaho 457 Pre-tax or 457 Roth account established for my benefit:

An amount equal to_____% or $_____ *of my gross wages each pay period for the Pre-tax account or an amount equal to _____% or $_____ for the 457 Roth account . Percentage must be whole percentages from 1% to 100%** .

*The annual contribution limit for the 457 plans is $17,500, ($23,000 if you are at least 50 years of age in 2013). If you contribute to both a 401(k) and a 457, you may contribute up to $17,500 ($23,000 if age 50) into each plan, for a total of $35,000 ($46,000). If you contribute to both a 403(b) and a 401(k), the combined annual contribution limit is $17,500 ($23,000 if at least 50).

**Because of additional mandatory (FICA and PERSI) and voluntary (Health Insurance, Flex Plan, etc.) payroll deductions, you may not actually be able to defer 100% of your gross wages.

This authorization applies to future contributions only. Contributions can start, increase or decrease no earlier than the first day of the month following the month this application is signed. It will be effective as of (pay date)_____ and will remain effective until I change or stop it by completing a new enrollment form. +Roth contributions are made on an after-tax basis.

2. _____ I elect to stop my contribution to the State of Idaho Pre-tax 457 ❒ or Roth 457 Plan ❒ or Both ❒ . I may begin contributions again later by completing a new Enrollment form.

PARTICIPANT INFORMATION (Please print)

Participant Name	***Social Security Number***
Address	***Date of Birth***
City, State, & Zip Code	***Work Phone Number***
Agency-Dept.	***Home Phone Number***
E-mail Address	***Gender*** ❒ Male ❒ Female

BENEFICIARY DESIGNATION

❒ **Check here if this is a change of beneficiary.** (Beneficiaries listed below replace any prior designation) **PLEASE NOTE:** Percentage split must total 100%. and must be in whole percentages.
If additional space for beneficiaries is required, please complete and attach additional sheets with all of the required information below, then mark this box: ❒

❒ Primary ❒ Contingent	***Beneficiary Name***	***Social Security Number***		***% Split***
	Address		***Date of Birth***	***Phone #***
❒ Primary ❒ Contingent	***Beneficiary Name***	***Social Security Number***		***% Split***
	Address		***Date of Birth***	***Phone #***

FUND ALLOCATIONS *(Must equal 100% if not, allocation will go to Fixed Account. Pre-tax and Roth contributions will use the same investment election and allocation. If you wish to have different selections, please contact a Customer Service Representative at 1-866-432-6789.)*

FUND NAME

_____ _____%
_____ _____%
_____ _____%
_____ _____%

Fax to: (877) 677-4329 or turn into Human Resources **TOTAL** 100 %

Participant Signature _____ Date _____

I have read and understand each of the statements on the front and back of this form, which have been drafted in compliance with the Internal Revenue Code. I accept these terms and understand that these statements do not cover all the details of the Plan or products.

STATE OF IDAHO 457 PLAN MEMORANDUM OF UNDERSTANDING

The purpose of the Memorandum of Understanding is to make you aware of the highlights, restrictions and cost of the State of Idaho Employee Deferred Compensation Plan. However it does not cover all the details of the Plan. You should refer to the Plan Document for specific details.

I understand and acknowledge the following:

1. I understand that my participation in the Plan is governed by the terms and conditions of the Plan Document. The product information brochure and fund prospectuses are available upon request at www.idahodc.com or by calling 1-866-432-6789.

2. The total annual contribution amount to all 457(b) plans is the lesser of $17,500 or 100% of includible compensation. Under certain circumstances, additional amounts above the limit may be contributed into the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of Normal Retirement Age and did not contribute the maximum amount in prior years. The Plan Document provides additional details about contribution limitations. Contributions in excess of maximum amounts are not permitted and will be considered taxable income when refunded. It is my responsibility to ensure my contributions do not exceed the annual limit.

3. Earnings from designated Roth contributions may be subject to income taxes and penalties unless the distribution is a qualified distribution. A qualified distribution is one that the contributions are held in the designated Roth Account for 5 consecutive tax years and the participant is at least 59 1/2, has become disabled or has died. In addition, distribution of designated Roth accounts which are rolled over into this account may be subject to income taxes and penalties if they are not qualified distributions. Designated Roth contributions are generally not subject to income taxes or penalties. Please note, that once made, contributions and/or rollovers to a Roth account may not be reversed. In the event you wish to make changes, only future contributions and/or rollovers can be redirected.

4. I may withdraw funds from the Plan only upon severance from employment; at age 70 1/2 (if contributions have stopped); upon an unforeseeable emergency approved by the Plan; or I may take a one time in-service withdrawal if my account value is $5,000 or less (as adjusted) and I have not contributed into the Plan for two or more years. In some cases withdrawal for purchase or repayment of service credits in a governmental defined benefit plan may be permitted. Additionally, funds may be withdrawn upon my death. All withdrawals of funds must be in compliance with the Internal Revenue Code and applicable regulations, some of which are expressed in the Plan Document.

5. Generally, my distributions must begin no later than April 1st following the year I reach age 70 1/2. If I work beyond age 70 1/2, generally, my distributions must begin no later than April 1st following the year I separate from service or retire. Please consult the plan document for additional information. All distributions are taxable as ordinary income and subject to income tax in the year received. My distributions must be made in a manner that satisfies the minimum distribution requirements of IRC Sec. 401(a)(9), which currently requires benefits to be paid at least annually over a period not to extend beyond my life expectancy. Failure to meet minimum distribution requirements may result in the payment of a 50% federal excise tax.

6. The funds in my account may be eligible for rollover to a traditional or Roth IRA or to an eligible retirement plan. The "Special Tax Notice Regarding Plan Payments" provides detailed information about my options. Due to important tax consequences related to distributions, I have been advised to consult a tax advisor. I expressly assume the responsibility for tax consequences relating to any distribution, and I agree that neither the Plan nor the Plan Administrator shall be responsible for those tax consequences.

7. I understand that all products are optional.

8. No more than 25% of contributions can be used to purchase life insurance. The Life Insurance option is not available to new participants.

9. I understand that retirement income payments and termination values (if any), provided by the contract are variable when based on the investment experience of a separate account and are not guaranteed as to the dollar amount. This statement is not applicable to the fixed account value.

10. I understand that all amounts contributed into the plan and earnings on the amounts deferred are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries until such time as the deferred amount is made available to the participant or beneficiary.

11. I understand that I may make changes among the investment options within my account as frequently as daily, but any change may be subject to the restrictions of the Plan and/or investment provider. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully. Changes may be made by calling 1-866-432-6789 or logging on to www.idahodc.com.

12. Availability of life insurance options and other investment options may vary by plan. I understand that if the total investment option allocation is greater than 100%, my application will be rejected and my allocations will not be processed.

NATIONWIDE FIXED ACCOUNT

(1) A guaranteed interest rate is declared quarterly and credited daily, which is not lower than the minimum annual rate.
(2) Exchanges and/or transfers may be made up to 100% of the participant's account value.
(3) Nationwide may earn a spread on assets held in the Nationwide Fixed Account, which is reflected in the crediting rate. The spread represents the difference between what Nationwide earns on investments and what it credits to the Fixed Account as interest.

MUTUAL FUND OPTIONS

(1) The value of amounts allocated to mutual funds options will vary depending upon the value of the chosen mutual funds and could result in either a gain or loss. The fund prospectuses were made available to me and can be obtained upon request.

MUTUAL FUND PAYMENTS 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. Most information about the endorsement relationships may be found online at www.nrsforu.com.