

Enrollment form

Case number: 251-60010 // PENNSYLVANIA MUNICIPALITIES PENSION TRUST 457(b) PLAN

Yes, sign me up. Follow these easy steps:

Please clearly print information below. Please note that this enrollment form is for your initial enrollment only. For future changes, contact your employer. All employees who have met the Plan's eligibility requirements, regardless of whether you choose to participate, must complete all applicable sections of the form.

Be sure to complete all personal information below to help ensure the highest level of security for your account.

Social Security number: _____ Last/first/MI name: _____

Address: _____
Street/Apt #/PO Box City State ZIP code

Date of birth: _____ Date of hire: _____ Gender (M or F): _____ Marital status: _____

Personal Email: _____

Home Phone: _____

Company name: _____ Employee #: _____

Complete your contribution election(s).

Elective deferrals

- I elect to participate and contribute _____% or \$_____ of compensation per pay period on a pretax (traditional) basis. Maximum Plan limit for pretax contributions: \$19,000 for 2019. If you're age 50 or older in 2019, you may contribute an additional \$6,000.
- I elect to participate and contribute _____% or \$_____ of compensation per pay period to a Roth (after-tax basis). Maximum Plan limit for Roth contributions: \$19,000 for 2019. If you're age 50 or older in 2019, you may contribute an additional \$6,000.
- Opt out. I elect not to make elective deferrals until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date. Although I elect not to save through payroll deduction, I understand my employer may elect to continue a discretionary contribution to the Plan, and I authorize such a contribution to be invested as indicated below. If I elect to roll over money into the Plan, I also authorize my rollover to be invested as indicated below.

Select what type of investor you are.

Based on your investing comfort zone and style, select one strategy below that best matches your preference, then continue to the specific section of the form as directed.

- Help me do it (Jump to Section A below.)
- I'll do it myself (Jump to Section B below.)

Please turn to the next page.>

Last/first/MI name

SSN

A Choose Target Maturity

I prefer to pick just one fund, based on the year I plan to retire.

Check one box below that aligns closest to when you plan to retire, then jump to the signature section at the end of this enrollment form.

Fund name	Fund code	Inquire code	Allocation percentage
<input type="checkbox"/> Vngrd Trgt Rtrmt 2015 Inv	VTXA	2328	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2020 Inv	VTWA	2329	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2025 Inv	VTTA	2330	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2030 Inv	VTHA	2331	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2035 Inv	VHTA	2332	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2040 Inv	VFOA	2333	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2045 Inv	VTIA	2334	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2050 Inv	VFFA	2335	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2055 Inv	VVXA	2830	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2060 Inv	BWGA	4357	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt 2065 Inv	EHJA	5764	100%
<input type="checkbox"/> Vngrd Trgt Rtrmt Inc	VTNA	2336	100%

B Build your own portfolio

Select investments below based on your questionnaire results, then jump to the signature section at the end of this enrollment form. All allocations must be made in whole percentages, and the total must equal 100%.

Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Specialty	Dtsch RREEF RealEsSec Inst	PRXA	1811	%
International stocks	AmFds EuroPacfc Gr R6	RERA	2583	%
International stocks	AmFds New Wld R6	RNWA	2605	%
International stocks	Col Ovrseas Val Inst2	DHWA	5197	%
International stocks	Opp Intl Gr Y	OIGA	2612	%
Small-cap stocks	JnsHndrsn SmCap Val T	JCVA	2735	%
Small-cap stocks	LeggM ClrBrdg SmCap Gr I	LSPA	2286	%
Small-cap stocks	Vngrd Sm Cap Indx Fd AS	CSXA	4879	%
Mid-cap stocks	Prncpl MdCap Val III Inst	PVUA	2299	%
Mid-cap stocks	Vngrd MdCap Gr Inv	VGIA	2320	%
Mid-cap stocks	Vngrd Mid-Cap Idx Fd AS	CSSA	4875	%
Large-cap stocks	AmFds Fdmntl Inv R6	RFNA	2587	%
Large-cap stocks	AmFds Gr Fd Am R6	RGAA	2646	%

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Last/first/MI name

SSN

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Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Large-cap stocks	Vngrd 500 Index Fd AS	CSLA	4869	%
Large-cap stocks	Vngrd Divd Gr Inv	VDGA	2317	%
Balanced	Vngrd Trgt Rtrmt 2015 Inv	VTXA	2328	%
Balanced	Vngrd Trgt Rtrmt 2020 Inv	VTWA	2329	%
Balanced	Vngrd Trgt Rtrmt 2025 Inv	VTTA	2330	%
Balanced	Vngrd Trgt Rtrmt 2030 Inv	VTHA	2331	%
Balanced	Vngrd Trgt Rtrmt 2035 Inv	VHTA	2332	%
Balanced	Vngrd Trgt Rtrmt 2040 Inv	VFOA	2333	%
Balanced	Vngrd Trgt Rtrmt 2045 Inv	VTIA	2334	%
Balanced	Vngrd Trgt Rtrmt 2050 Inv	VFFA	2335	%
Balanced	Vngrd Trgt Rtrmt 2055 Inv	VVXA	2830	%
Balanced	Vngrd Trgt Rtrmt 2060 Inv	BWGA	4357	%
Balanced	Vngrd Trgt Rtrmt 2065 Inv	EHJA	5764	%
Balanced	Vngrd Trgt Rtrmt Inc	VTNA	2336	%
U.S. bonds	AmFds Am Hi Inc Tr R6	RITA	2566	%
U.S. bonds	LeggM BW Gbl Oppr Bd Inst	CAAA	4453	%
U.S. bonds	PGIM Ttl Rtn Bd Z	DRBA	2575	%
U.S. bonds	PIMCO Real Rtn Inst	PRIA	1435	%
U.S. bonds	Vngrd Intmd Trm Trsry Inv	VFTA	1510	%
Cash	Mrly Stbl Val 25 I	GMTA	2138	%

Total Percentage 100%

Double-check that your selections equal 100%.

Sign and date to confirm that all elections and information entered is accurate and current.

The selected investment allocation(s) will apply to all new money deposited into an existing group annuity or trust contract unless otherwise directed. Monies previously deposited to this contract will not be changed to reflect the selections on this form. If you do not select a fund on this form or if the form is not completed by the time the first deposit to your account is received, and your Plan has a default fund, then deposits will be made to the Plan's default fund.

Signature: _____ Date: _____

Please return this completed form to your Human Resources Representative. Don't forget to set up your online access at nationwide.com.

Beneficiary form

Case number: 251-60010 // PENNSYLVANIA MUNICIPALITIES PENSION TRUST 457(b) PLAN

Participant information

Last/first name: _____ MI: _____ Social Security number: _____

A	Enter primary beneficiary Information.	Percentages must total 100%	Percentage of benefits
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If married, your spouse must be the only primary beneficiary unless your spouse signs the waiver in Section D.

Last/first/MI name: _____ Relationship: _____ %

Address: _____ SSN: _____

Last/first/MI name: _____ Relationship: _____ %

Address: _____ SSN: _____

B	Enter contingent beneficiary Information.	Percentages must total 100%	Percentage of benefits
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In the event that your primary beneficiaries do not survive you, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

Last/first/MI name: _____ Relationship: _____ %

Address: _____ SSN: _____

Last/first/MI name: _____ Relationship: _____ %

Address: _____ SSN: _____

C	Complete and sign.
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I certify that I am: Married Not married Legally separated

Participant signature _____ Date _____

D	This section must be completed if your spouse is not the sole primary beneficiary.
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I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this Plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this Plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's name: _____

Spouse signature: _____ Date: _____

This consent must be witnessed by either a Plan Representative or a Notary Public.

State of: _____ County of: _____

I certify that before me personally appeared the above-named spouse who signed the above spousal consent and acknowledged the same to be his/her free act and deed.

Plan Representative signature or Notary Public: _____ Date: _____

Notary Public Commission expires: _____ (Notary Seal)

Additional information

You may make a written request to your Plan Administrator requesting a personalized statement describing the effect of electing an optional form of benefit and providing a comparison of the relative values under each available optional form of benefit. If you have additional beneficiaries, you can attach a separate piece of paper.