



Enrollment form

Case number: 505-80055 // COMMUNITY ACTION COMMITTEE OF PIKE COUNTY
403(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.

Complete your personal information.

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: _____

Complete your contribution election(s).

Elective deferrals

- I elect to participate and contribute _____% of compensation per pay period on a pretax (traditional) basis. Maximum Plan limit for pretax contributions: \$18,000 for 2016. If you're age 50 or older in 2016, 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.

- Do it for me. (Jump to Section A below.)
- I'll do it myself. (Select one option below and continue to that section of the form.)
 - Choose Target Maturity (Jump to Section B below.)
 - Build your own portfolio (Jump to Section C below.)

Last/first/MI name

SSN

A Choose Managed Accounts

 Check the box below, sign this enrollment form and then complete the Acknowledgement & Questionnaire form at the back of the forms section.

I prefer to let a Registered Investment Advisor choose and monitor my investments for me. I understand that by selecting a Registered Investment Advisor, additional fees will apply. I will see page 62 for details or contact my plan administrator with any questions. I understand that my initial contributions will be placed in a fund selected by my plan sponsor prior to the Registered Investment Advisor managing my account for me. The fund selected by my plan sponsor is PIMCO Ttl Rtn Inst fund, fund code 1436, (PTTRX).

ProAccount 100%

VERY IMPORTANT! To complete your enrollment in this service, the Acknowledgement and Questionnaire form at the back of this forms section must also be completed and returned with this enrollment form.

B 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 2010 Inv	VTEA	2327	100%
<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 Inc	VTNA	2336	100%

C 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	Natixis Gateway Y	BHQA	4037	_____ %
Specialty	PIMCOComdyRealRtnStratInst	PCRA	1699	_____ %

Continued on next page

Last/first/MI name

SSN

Continued from previous page

Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Specialty	Vngrd REIT Indx Adml	CSUA	4877	%
Specialty	WF Prec Mtls Inst	BDPA	3953	%
International stocks	Harbor Intl Inst	HAIA	1814	%
International stocks	Opp Devl Mkt Y	ODVA	2606	%
International stocks	Vngrd Pacfc Stk Indx Adml	CSTA	4876	%
Small-cap stocks	TRowePr New Hrizns	PRHA	2640	%
Small-cap stocks	Vngrd SmCap Val Indx Inv	VIVA	1447	%
Mid-cap stocks	FidAdv Levr Co Stk I	FAJA	1612	%
Mid-cap stocks	JPM MdCap Val Inst	JFLA	1423	%
Mid-cap stocks	Vngrd Extnd Mkt Indx Adml	CSQA	4873	%
Mid-cap stocks	Vngrd MdCap Gr Indx Inv	VMIA	2321	%
Large-cap stocks	AmFds Am Mut R6	RMFA	2567	%
Large-cap stocks	AmFds Wshngtn Mut Inv R6	RWMA	2656	%
Large-cap stocks	FidAdv New Insights I	BGXA	4019	%
Large-cap stocks	JPM Intrepid Gr R5	AQTA	3771	%
Large-cap stocks	Tchstn Sands Cap Inst Gr	BSOA	4274	%
Large-cap stocks	TRowePr Gr Stk	TPRA	1439	%
Large-cap stocks	Vngrd 500 Index Fd AS	CSLA	4869	%
Large-cap stocks	Vngrd Gr Indx Adml	CSRA	4874	%
Large-cap stocks	Vngrd Val Indx Adml	CTAA	4882	%
Balanced	AmFds Inc Fd Am R6	RIDA	2647	%
Balanced	TRowePr Cap App	TCAA	2643	%
Balanced	Vngrd Trgt Rtrmt 2010 Inv	VTEA	2327	%
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	%

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Last/first/MI name

SSN

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Asset class	Fund name	Fund code	Inquire code	Allocation percentage
Balanced	Vngrd Trgt Rtrmt Inc	VTNA	2336	_____ %
U.S. bonds	BlkRk Hi Yld Bd Port K	BOFA	4181	_____ %
U.S. bonds	Drey Bd Mkt Indx I	DBTA	2263	_____ %
U.S. bonds	Loomis Bd Inst	LSBA	1401	_____ %
U.S. bonds	Loomis Glbl Bd Inst	LBGA	2598	_____ %
U.S. bonds	MetWest Ttl Rtn Bd I	MWTA	1968	_____ %
U.S. bonds	PIMCO Real Rtn Inst	PRIA	1435	_____ %
U.S. bonds	PIMCO Ttl Rtn Inst	PTTA	1436	_____ %
U.S. bonds	RdgWrthSeixFlotRTHInclnst	BLXA	4135	_____ %
Short-term bonds	PIMCO Low Dur Inst	PTLA	1434	_____ %
Short-term bonds	Vngrd ST Bd Indx Adml	CSWA	4878	_____ %
	Fixed	BOA2X	8002	_____ %

Total Percentage 100%

Double-check that your selections equal 100%.

Additional funds are available to you after this enrollment process is completed by visiting nationwide.com.

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

Signature: _____ Date: _____

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 Sponsor has a default fund, then deposits will be made to the Plan's default fund.

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: 505-80055 // COMMUNITY ACTION COMMITTEE OF PIKE COUNTY 403(b) PLAN

Participant information

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

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: _____

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

Address: _____ SSN: _____

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

Address: _____ SSN: _____

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

Address: _____ SSN: _____

C Complete and sign.

I certify that I am: Married Not married Legally separated

Participant signature _____ Date _____

Last/first/MI name

SSN

D This section must be completed if your spouse is not the sole primary beneficiary.

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.

Please return this completed form to your Human Resources Representative.



Nationwide ProAccount[®]

Acknowledgement and Questionnaire

Case Number: 505-80055 Case Name: Community Action Committee of Pike County 403(b) Plan

A Participant Acknowledgement

I prefer to have Nationwide Investment Advisors (“NIA”), a registered investment adviser, choose and monitor my retirement plan investments for me. I will complete the Nationwide ProAccount Participant Information and ProAccount Risk Tolerance Questionnaire on the next page.

By signing on the next page, I confirm I have read, understand and agree to the terms set forth in the ProAccount Agreement (included with this enrollment package), including the Pre-Dispute Arbitration Clause. I also understand the ProAccount Fee is **0.80%**.

I acknowledge having received and read NIA’s Form ADV Part 2A and 2B and Privacy Policy prior to or upon entering into the ProAccount Agreement.

I represent that no markings, alterations or amendments have been made to the ProAccount Agreement and acknowledge that any such modifications would not be binding on NIA. Moreover, by signing on the next page, I represent and warrant that I am competent and of full legal age in my state of residence.

All money initially invested in my retirement plan account may be held in the default fund, as selected by my plan sponsor or its authorized representative, pending the receipt of all information needed to establish ProAccount on my retirement plan account.

B Participant Information (Required)

Name:

Date of birth:

Social Security or Tax ID#:

Address:

City:

State:

Zip code:

Home phone number: ()

Business phone number: ()

Email address:

NS(08/13)

C

Your Risk Tolerance Questionnaire (REQUIRED): Clearly mark one response for each of the following five questions. Your Risk Tolerance is based on the total point values you have selected below to questions A - E.

A. Earning a high total return that will allow my invested capital to grow faster than the inflation rate is one of my most important objectives.

- Strongly Disagree (1 pt) Agree (5 pts)
 Disagree (3 pts) Strongly Agree (7 pts)
 Neutral (4 pts)

B. How would you describe your investment experience?

- Below Average (1 pt)
 Average (4 pts)
 Above Average (7 pts)

C. I am willing to accept a potential short-term loss in return for a potentially higher long-term return.

- Strongly Disagree (1 pt) Agree (5 pts)
 Disagree (3 pts) Strongly Agree (7 pts)
 Neutral (4 pts)

D. What is your primary investment goal?

- Maximize growth by obtaining highest total return on investment; current income is not a factor (7 pts)
 Obtain modest growth (5 pts)
 Stable return on investment while preserving most of my invested capital (3 pts)
 Avoid loss of initial investment value; current income is very important (1 pt)

E. Which statement describes most accurately your tolerance for risk?

- I am willing to accept substantial declines in portfolio value in order to achieve my investment goals (7 pts)
 I can accept some declines in value in order to achieve my investment goals (4 pts)
 I am not willing to accept any loss in portfolio value in order to achieve my investment goals (1 pt)

Risk Tolerance Scoring

For each of your responses to the five questions in this "Your Risk Tolerance" section, please place the corresponding point value associated with your specific responses on the lines below:

- A. _____
B. _____
C. _____
D. _____
E. _____

Scoring Key:

Conservative: 5 - 15 pts
Moderate: 16 - 24 pts
Aggressive: 25 - 35 pts

Total Points: _____

Please send completed Acknowledgement and Questionnaire in one of the following ways:

- Mail: Nationwide Investment Advisors, LLC
Attn: Nationwide ProAccount
P.O. Box 183192, Mail Stop 5-02-201
Columbus, Ohio 43218-3192
- Fax: 855-435-1863
- Email: proacct@nationwide.com

For any questions regarding Nationwide ProAccount, call toll free 1-888-540-2896.

Please provide any investment restrictions you require on the management of your account:

NIA reserves the right to reject any investment restriction that NIA or the Independent Financial Expert deems unreasonable, in which case you will be provided the opportunity to modify your restriction or terminate your participation in ProAccount.

Participant Signature: _____

Print Name: _____

Date: _____

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