

Nationwide Retirement Solutions Payroll Authorization Card

(Please complete and submit to your Payroll Center)

I. Personal Information

____ - ____ - ____ Social Security Number

____ - ____ - ____ Date of Birth

Name _____

Address _____

Additional Address _____

City _____ State _____ Zip Code _____

Department _____ () - ____ - ____ Work Phone _____

Participant Signature

Date

DC-4621-0217

Original-Payroll Center

Copy-Participant

II. Plan Information*

Plan Type: 457(b) 401(a) IRA Product

(Check only **ONE** plan type. If you have several plan types, then you must submit a payroll authorization card for each plan type.)

Action: Increase Decrease Cancel

OLD

NEW

Pre-tax contribution: \$ ____ or ____ % \$ ____ or ____ %

Roth contribution: \$ ____ or ____ % \$ ____ or ____ %
(457(b) Plan Only)

*You may make both pre-tax and Roth contributions.

Frequency: Bi-weekly Monthly Other _____

Payroll Deduction to begin on: (Date) _____

Catch Up Provision Utilized*: (select one option)

Yes, 3-year Yes, Age 50+ No

Normal Retirement Age: _____

* Contact Nationwide® at 1-877-NRS-FORU for further information on how catch up provisions work.

The earliest your enrollment or contribution change can start is the first day of the month following your completed request. Please remember, your employer's processing schedule will determine the actual effective date of the contribution. It is the Plan Sponsor's/ Pay Center's responsibility to ensure deferrals do not commence too early.

I authorize my employer to reduce my salary by the above amount for credit to my account with my employer's Deferred Compensation Plan. This reduction will begin on the pay period specified above, but no sooner than is permitted by law or than is administratively practicable. This reduction will continue until otherwise authorized by my employer in accordance with the Plan.