

Nationwide Retirement Solutions Payroll Authorization Card

(Please complete and submit to Human Resources)

I. Personal Information

____ - ____ - ____ Social Security Number

____ - ____ - ____ Date of Birth

Name _____

Address _____

Additional Address _____

City _____ State _____ Zip Code _____

Department _____ () - _____ - _____ Phone _____

Participant Signature

Date _____

DC-4621-0217

II. Plan Information*

Plan Type: 457(b)

Action: Increase Decrease Cancel

Pre-tax contribution: OLD _____ % NEW _____ %

Frequency: Bi-weekly

Payroll Deduction to begin on: (Date) _____

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/ Human Resources'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.