

## 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.