	Nationwide Retirement Solut (Please complete and su	ions Payroll Authorization Card bmit to your Payroll Center)	
I. Personal Inform	nation	II. Plan Information* Plan Type: 457(b) 401 (a) IRA Product (Check only ONE plan type. If you have several plan types, then	
Social Security Nu	mber Date of Birth	you must submit a payroll authorization card for each plan type.)	
Name		Action: Initial Increase Decrease Cancel <u>OLD</u> <u>NEW</u> Pre-tax contribution: \$ or% \$ or% Roth contribution: \$ or% \$ or%	
Address		(457(b) Plan Only)	
		*You may make both pre-tax and Roth contributions. Frequency: Bi-weekly Monthly Other	
Additional Address		Payroll Deduction to begin on: (Date)	
City Department	State Zip Code	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	
Participant Signature		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	
Date		administratively practicable. This reduction will continue until otherwise authorized by my employer in accordance with the	
DC-4621-0715	Original-Payroll Center Copy-Participan	Plan.	