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-4621-0715 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: ☐ Initial ☐ Increase ☐ Decrease ☐ Cancel

	OLD	NEW
Pre-tax contribution:	$_____ or _____%	$_____ or _____%
Roth contribution: (457(b) Plan Only)	$_____ or _____%	$_____ or _____%

*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.