

Nationwide Retirement Solutions Payroll Authorization Card

(Please complete and submit to your Payroll Center)

I. Personal Information

XXX - XX - _____ ✓
Social Security Number

XX - XX - XXXX
Date of Birth

✓ _____
Name

na

Address

na

Additional Address

na

City State Zip Code

✓ _____
Department

✓ () - -
Work Phone

✓ _____
Participant's Signature

✓ _____
Date

DC-4621- 0414

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: \$ _____ \$ _____
Roth contribution (457(b) Plan Only): \$ na \$ na

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

Frequency: Bi-weekly Monthly Other Semi-Monthly
Catch Up Provision Utilized: Yes, 3-year Yes, Age 50+ No
Normal Retirement Age: _____

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/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.

Forward the completed form to Finance.