Nationwide Retirement Solutions Payroll Authorization Card

(Please complete and submit to your Payroll Center)

Personal Information

____ - _____ - _____
cial Security Number

_____ - _____ - _____
Date of Birth

me

ldress

ldditional Address

ty State Zip Code

partment

) - _____ - _____
ork Phone

ticipant's Signature

e

-4621-0708 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
Deferral Amount:	$_____	$_____

Frequency: ❒ Bi-weekly ❒ Monthly ❒ Other _____

Catch Up Provision Utilized: ❒ Yes, 3-year ❒ Yes, Age 50+ ❒ No

Normal Retirement Age: _____

Payroll Deduction to begin on: _____
(Date)

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.