## Nationwide Retirement Solutions Payroll Authorization Card (Please complete and submit to your Payroll Center)

I. Personal Information	II. Plan Information
Social Security Number Date of Birth	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.)
Name	Action: ☐ Initial ☐ Increase ☐ Decrease ☐ Cancel OLD NEW
Address	Pre-tax contribution: \$\$ \$Roth contribution (457(b) Plan Only): \$ \$
	*You may make both pre-tax and Roth contributions.
Additional Address	Frequency: ☐ Bi-weekly ☐ Monthly ☐ Other
	Catch Up Provision Utilized: ☐ Yes, 3-year ☐ Yes, Age 50+ ☐ No
City State Zip Code	Normal Retirement Age:
	Payroll Deduction to begin on:
Department	(Date)
( ) Work Phone	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.
Participant's Signature	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
Date  DC-4621- 0414 Original - Payroll Center Copy - Participant	practicable. This reduction will continue until otherwise authorized by my employer in accordance with the Plan.