Nationwide Retirement Solution (Please complete and sub-	ons Payroll Authorization Card mit to your Payroll Center)
I. Personal Information	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 Number Date of Birth	you must submit a payroll authorization card for each plan type.)  Action:   Initial Increase Decrease Cancel
Name	OLD         NEW           Pre-tax contribution: \$ or% \$ or%           Roth contribution: \$ or% \$ or%
Address	*You may make both pre-tax and Roth contributions.  Frequency: Bi-weekly Monthly Other
Additional Address	Payroll Deduction to begin on: (Date)  Catch Up Provision Utilized*: (select one option)
City State Zip Code	Yes, 3-year Yes, Age 50+ No Normal Retirement Age: *Contact Nationwide* at 1-877-NRS-FORU for further information on how
Department Work Phone	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.
Participant 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
Date  DC-4621-0715 Original-Payroll Center Copy-Participant	administratively practicable. This reduction will continue until otherwise authorized by my employer in accordance with the Plan.