

# 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's Signature

\_\_\_\_\_  
Date

DC-4621-0312  
NRI-0234AQ.1

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):	\$ _____	\$ _____

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

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.