INat			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.)
Niere			Action: Increase Decrease Cancel
Name			OLD NEW Pre-tax contribution: \$ or% \$ or% Roth contribution: \$ or% \$ or%
Address			(457(b) Plan Only) *You may make both pre-tax and Roth contributions.
Additional Address			Frequency: Bi-weekly Monthly Other Payroll Deduction to begin on: (Date)
City	State	Zip Code	Catch Up Provision Utilized*: (select one option) Yes, 3-year Yes, Age 50+ No Normal Retirement Age:
Department	Work Phone		* Contact Nationwide* at 1-877-NRS-FORU for further information on how 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 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
DC-4621-0217 Ori	ginal-Payroll Center Co	py-Participant	otherwise authorized by my employer in accordance with the Plan.