

# 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-4621-0708

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.