ne.		ions Payron Awenorization Carg Smit to your Payrol Center	
i. Personal Information		II. Plan Information* Plan Type: 457(b) 401 (a) RA 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.)	
Name		Action: ☐ Initial ☐ Increase ☐ Decrease ☐ Cancel 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. 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:	
Department	()	* 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	
Participant Signature		not commence too early.	
		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	•	administratively practicable. This reduction will continue until otherwise authorized by my employer in accordance with the Plan.	
DC-4621-0715 O	riginal-Payroll Center Copy-Participant		