

New Employee Notification FormPost Employment Health Plans

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Phone: 877-677-3678 • NRSFORU.com

1. Employee Information			
Name:	SSN:		
Mailing Address:			
	State: Zip:		
Home Phone:	Work Phone: ur Members. By providing your telephone number, you authorize the		
Date of Birth:	Email Address:		
Employer Name:	Employer Number:		
2. Spouse/Dependent Designation			
Name:	SSN:		
Date of Birth:	Relationship:		
3. Investment Options			
Asset Allocation/Nationwide® Investor Destinations Series	Small Cap		
	% NVVD5 - Nationwide® Mid Cap Market Index Fund (Class A)% NVVOQ8 - AllianzGI NFJ Mid-Cap Value Fund (Class A)		
	Large Cap% NWV29 - American Century sM Ultra Fund (Investor Class)		
% NVV0Q3 - American Funds 2060 Target Date Retirement Fund (Class R4) % NWVE4 - Nationwide® Investor Destinations:	% NVVA5 - Nationwide® S&P 500 Index Fund (Institutional Class)% NWV62 - Nationwide® Fund (Institutional Class)		
Aggressive Fund (Service Class)	% NVV0Q7 - MFS Value Fund (Class R3) Bonds		
Moderately Aggressive Fund (Service Class)	% NVVOP4 - Lord Abbett High Yield Fund (Class R4) % NVVD8 - RIMCO™ Total Poture Fund (Class A)		
	% NVVD8 - PIMCO™ Total Return Fund (Class A) Fixed/Cash		
% NWVE8 - Nationwide® Investor Destinations: Conservative Fund (Service Class)			
International	% NW** - Nationwide® Fixed Account		
	100		

4. Participant Authorization

I hereby acknowledge that I have been provided a Fact Sheet from my employer, which describes the new Post Employment
Health Plan (PEHP). I understand if my total investment election above is less than 100%, the remaining percentage of
monies invested into my account will be allocated to the Nationwide Fixed Account option until I contact the PEHP Service
Center by calling 877-677-3678 or accessing the Nationwide Retirement Solutions web site at NRSFORU.com to make an
account change.

Signature:	Date:	

NOTE: Please return form to PEHP Service Center, PO Box 182797, Columbus, OH 43218-2797 or via fax: 877-677-4329