

OBRA ACKNOWLEDGEMENT CARD

(Please complete and submit to your Payroll Center)

I. Personal Information

_____-_____-_____
Social Security Number _____-_____-_____
Date of Birth

SEX(circle one): M or F

Name

Address

Additional Address

_____-_____-_____
City State Zip Code

Occupation

()-_____-_____
Home Phone ()-_____-_____
Work Phone

II. Plan Information

Plan Number: 0037281002

Plan Name: _____

Employer's Phone Number: () _____ - _____

*Deferral Amount:\$ _____ Frequency: _____

* Contributions to the OBRA Plan must be a minimum of 7.5% of compensation

Allocation: 100% Nationwide Fixed Account

III. Beneficiary Information

**If there are additional beneficiaries, please attach a separate sheet.*

Primary Beneficiary: _____
Name

Address Date of Birth

Telephone Number Social Security Number

Contingent Beneficiary: _____
Name

Address Date of Birth

Telephone Number Social Security Number

I acknowledge and understand that my participation in the plan is governed by the Plan Document and the Informational Sheet. I understand that 100% of my deferrals will be deposited in the Nationwide Fixed Account held with Nationwide Life Insurance Company.

Participant's Signature

Date

NRS Retirement Specialist

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