Nationwide Retirement Solution	ons Payroll Authorization Card
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.)
	Action: Increase Decrease Cancel OLD NEW
Name	Pre-tax contribution: \$or% \$or% Roth contribution: \$or% \$or%
Adduses	(457(b) Plan Only)
Address	*You may make both pre-tax and Roth contributions.
	Frequency: Bi-weekly Monthly Other
Additional Address	Payroll Deduction to begin on: (Date) On 8/27/21 check Effective 8/27/21 Paycheck
	- Catch Up Provision Utilized*: (select one option)
City State Zip Code	☐ Yes, 3-year ☐ Yes, Age 50+ ☐ No
City of Phx - Fire Dept.	Normal Retirement Age: * Contact Nationwide* at 1-877-NRS-FORU for further information on how
Department Work Phone	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
Participant Signature	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 DC-4621-0217 Original-Payroll Center Copy-Participant	administratively practicable. This reduction will continue until
ETURN THIS FORM TO MATT GAYMAN: EMAIL:	GAYMANM@NATIONWIDE.COM OR
Time Deferral Change on 8/27/21	PAX: 855-252-8474
en make the 2nd change on the 9	0/10/2021 paycheck.
Nationwide Retirement Solutio	ns Payroll Authorization Card

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 you must submit a payroll authorization card for each plan type.) Date of Birth **Action**: ☐ Increase ☒ Decrease ☐ Cancel Name Pre-tax contribution: \$ or_ Roth contribution: or_ %\$ Address (457(b) Plan Only) *You may make both pre-tax and Roth contributions. Frequency: A Bi-weekly Monthly Other Additional Address Payroll Deduction to begin on: (Date) On 9/10/21 check Effective 9/10/2021 Paycheck Catch Up Provision Utilized*: (select one option) City State Zip Code ☐ Yes, 3-year ☐ Yes, Age 50+ ☐ No City of Phx - Fire Dept Normal Retirement Age:_) -* Contact Nationwide* at 1-877-NRS-FORU for further information on how Department Work Phone 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 Participant Signature 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

Copy-Participant

otherwise authorized by my employer in accordance with the Plan.

DC-4621-0217

Original-Payroll Center