



**Commonwealth of Kentucky 401(k)
Deferred Compensation Plan**
Automatic Enrollment
Contribution Refund Request Form

Plan Sponsor Information

Plan Sponsor Name: Commonwealth of Kentucky Plan Sponsor Number: 0047428002

Participant/Payee Information

Name: _____ Date of Birth: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Authorization

I hereby elect a refund of my automatically enrolled contributions with applicable gain/loss. I understand that such election will be processed as soon as possible. I also understand that I may enroll in the Plan later.

By signing this form, I authorize a refund (if applicable) of my automatically enrolled contributions made to the Commonwealth of Kentucky 401(k) Deferred Compensation Plan.

I understand that:

1. Only automatically enrolled contributions with applicable gain/loss are eligible for refund;
2. The Refund Request Form must be signed and returned to Nationwide within 90 days of the date the first Automatic Enrollment contribution was deducted from my pay;
3. Due to timing of when my request is received and when my contributions stop, I may not receive a refund for up to 30 days after my request is submitted;
4. I am authorizing the Commonwealth of Kentucky and Nationwide to stop contributions to the Plan as soon as administratively possible;
5. This refund (if applicable) will be sent to me in the form of a check via US Mail; and
6. I may restart my contributions to the Plan by making a contribution election at any time in the future.

Participant Full Name (please print): _____

Participant Signature: _____ Date: _____

Form Return

Regular Mail:

Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43128-2797

Express Mail:

Nationwide Retirement Solutions
3400 Southpark Place
Suite A DSPF-F2
Grove City, OH 43123

Fax:

877-677-4329