



Personal Information

Name: _____ Account Number or SSN: _____
 Email: _____ Preferred Phone: _____
 Phone Type: Home Work Cell

ACH Update Request Type (select all that apply)

ACH information will be updated based on your selection(s). If left blank, all applicable ACH information will be updated.

- Direct Deposit** (updating your bank account information to receive a distribution or payout)
- Loan Repayment** (updating your bank account information associated with a loan)

Loan number(s) if applicable: _____

Financial Institution Information (select one)

If account type is not selected or both are selected, checking will be used.

Type of Account (check one): Checking Savings

NOTE: all checks must contain preprinted name and address information. A copy of a voided check (checking) or letter from the financial institution (savings) must be included with this form. We cannot accept a deposit slip or starter check for banking information. Please see check image below to assist in locating your bank account information.

Financial Institution Name: _____

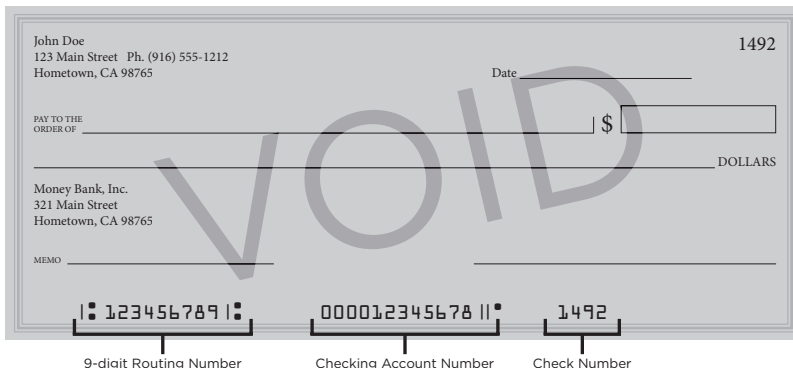
Routing Number: _____ Account Number: _____

Participant or Claimant Authorization

I hereby authorize the plan administrator to initiate credit entries to my account and/or debit my bank account for loan repayments in accordance with the Repayment Schedule of the Loan Agreement with the financial institution named above. I understand that this authorization will remain in full force and effect during my lifetime or until I provide the plan administrator with a new ACH Authorization Form indicating a change or termination. In the event the plan administrator notifies my financial institution that I am not entitled to the funds deposited in my account, I authorize that a debit adjustment to my account may be made. I understand that changes can take up to 15 days to become effective. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge. In the event this ACH Authorization Form is incomplete or contains incorrect information, I understand a check may be issued to my address of record or I may be charged an insufficient funds fee.

Signature: _____ Date: _____

Attach a voided check here



Form Return

By mail: Nationwide Retirement Solutions
 PO Box 182797
 Columbus, OH 43218-2797

By fax: 1-877-677-4329

By email: rpublic@nationwide.com