

Participant Information

Name: _____

SSN or Nationwide Account Number: _____ Date of Birth: _____

Preferred Phone Number: _____ Phone Type: Home Work Cell

Email: _____

School District: _____ Plan Number: _____

How would you like to be contacted if additional information is required? Email Phone

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize Nationwide to contact you via telephone using automated technology to assist you with your account.

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

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Participant or Claimant Authorization and Certification

By signing this Authorization, you authorize Nationwide to initiate one-time or recurring ACH credit(s) and/or debit(s) to your Bank Account with the financial institution named above. The credit(s) and/or debit(s) will be made in accordance with the distribution request or loan repayment schedule. You further authorize Nationwide to initiate ACH credits to your Bank Account for any refund, payment or other amount that may now or hereafter be due to you from Nationwide (unless you instruct Nationwide otherwise).

This Authorization allows Nationwide to initiate additional ACH debits and/or credits to your Bank Account for corrections, as necessary.

I understand and agree:

Declined payments

If an ACH debit is declined or returned for any reason, I must contact Nationwide right cancel away to arrange for a timely payment alternative.

Stopping automatic payments

This Authorization has no expiration date and shall continue in full force and effect until I revoke it. I may revoke this Authorization by contacting Nationwide at 800-462-8328 Monday through Friday, between the regular business hours of 8:00 a.m. - 9:00 a.m. ET, at least 3 business days before the date I would like the ACH debits from my Bank Account to discontinue.

Signature: _____ Date: _____

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