

**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 submitting an ACH Termination Request Form that is in good order, 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