

Plan Information

Plan Number: _____ Plan Name: _____
 Plan Type: All Plan Types 403(b) 401(a) 457(b)

Participant Information

Name: _____ SSN: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____
 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.

Beneficiary Designation

NOTE: Percentage split must total 100% for each category of beneficiary. If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%. **If your beneficiary is a trust, please include the Title page and signature page of the trust document.**

If additional space for beneficiaries is required, attach additional sheets and mark this box:

Primary Beneficiary(ies) (must total 100%):

1. **Full Name:** _____ Allocation: _____%
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____
2. **Full Name:** _____ Allocation: _____%
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____
3. **Full Name:** _____ Allocation: _____%
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____
4. **Full Name:** _____ Allocation: _____%
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____

Contingent Beneficiary(ies) (must total 100%):

1. **Full Name:** _____ Allocation: _____%
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____
2. **Full Name:** _____ Allocation: _____%
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____
3. **Full Name:** _____ Allocation: _____%
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____
4. **Full Name:** _____ Allocation: _____%
 Relationship: _____ SSN: _____ Date of Birth: _____
 Address: _____ Phone: _____

Spousal Consent (required if you're married and designate less than 100% to your spouse)

If married, your spouse must sign, acknowledging the Disclosure Statement below. Additionally, your spouse's signature must be witnessed by a Notary.

Not Applicable - I certify I am not married

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse Information:

Printed Name: _____

Signature: _____ Date: _____

Witness of Spousal Signatures

Witnessed by Notary:

State of _____, in the county of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on _____ (mm/dd/yyyy).

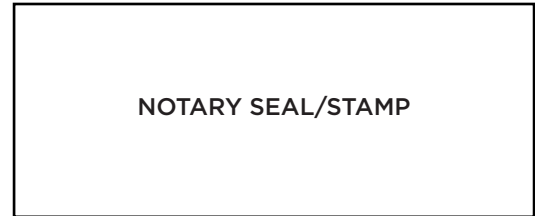
Witness Information:

Printed Name: _____

Signature: _____

Date: _____

My notary commission expires: _____



Participant Authorization Signature

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan prior to my death. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Signature: _____ Date: _____

Form Return

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

By email: rpublic@nationwide.com
By fax: 877-677-4329