



**Personal Information**

Name:	SSN:
Personnel Number:	Department:

**Contribution**

This request to change your current contribution election supersedes all prior requests.

Effective Pay Date\* : \_\_\_\_\_  
(No date or non pay date given will be interpreted at discretion of Payroll Department)

	Current	New
457(b)	\$	\$
Roth After-Tax	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

Please initial only one, if applicable.

\_\_\_\_\_ I am eligible and elect the age **50 catch-up contribution provision** (allows you to contribute up to an additional  
(Initial) \$6,000 for a maximum of \$25,000). The most recent form submitted to payroll determines employee current status.\*\*

\_\_\_\_\_ I am eligible and elect the **Special catch-up provision** (allows you to contribute up to an additional \$19,000 to a  
(Initial) maximum of \$38,000, subject to your underutilized deferrals from prior years.). The most recent form submitted to payroll determines employee current status.\*\*

\*Please remember, your employer's processing schedule will determine the actual effective date of the contribution. The earliest your enrollment or contribution change can start is the first day of the month following the Department of Finance - Payroll Division receiving your completed request. The Plan Sponsor's Pay Center is responsible for ensuring deferrals do not commence too early.

\*\*Contact Jim Laffoon (415-473-3140 or laffooj@nationwide.com) for information about the age 50+ and 3-Year Catch-Up Provisions. To make changes to your account, call 888-299-2828.

**Authorization**

I authorize my employer to defer a portion of my salary into my deferred compensation account as directed above on a **bi-weekly** basis.

Participant Signature:	Date:
Authorized Signature (Department of Finance):	Date:

Return signed authorization to the Department of Finance, Civic Center, Room 219. Fax: (415) 473-5070