



# Addendum to the Loan Disclosure Statement & Loan Agreement Nationwide Retirement Plans

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## 1. Plan Information

Plan Number: \_\_\_\_\_ Plan Name: \_\_\_\_\_

## 2. Participant Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## 3. Spousal Consent

If married, your spouse must sign, acknowledging the attached Disclosure Statement and Loan Agreement. Additionally, your spouse's signature must be witnessed by the Plan Sponsor or a Notary.

Not Applicable - I certify I am not married

I represent that I am the spouse of the participant requesting a loan from the Plan. I hereby consent to the loan as outlined in the above Loan Disclosure Statement and Loan Agreement from the Plan requested above. Additionally, I certify that I have been made fully aware of and understand the effects of this consent.

### Spouse Information:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Witnessed by Plan Sponsor:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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).

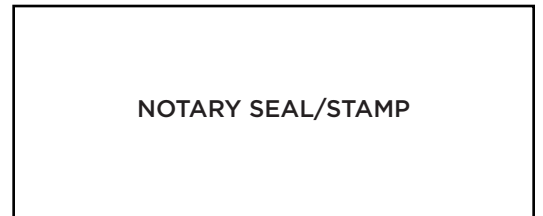
### Notary Information:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_



## 4. Form Return

**By Mail:** Nationwide Retirement Plans  
PO Box 182797  
Columbus, OH 43218-2797

**By Fax:** 877-677-4329