



# Enrollment Form and Change Request

## Nationwide Retirement Plans

Phone: 833-268-7080 • Fax: 877-677-4329 • nationwideretirementplans.com

### 1. Plan Information

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

Plan Type:  401(k)  403(b)  401(a)  457(b)  457(f)

### 2. Participant Information

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

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

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

By providing your email address, you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically. Unless you choose to have statements, account documents and other documents sent in connection with your retirement plan delivered via US Mail to the mailing address of record by checking the box below, these documents will be made available to you electronically.

I wish to receive my statements and account documents via US Mail.

### 3. Contribution Election or Change Amount (do not complete for 401(a) plans)

I elect to participate and contribute the amount stated below. (Complete either dollar amounts or percentages, not both) If you do not wish to participate, enter 0 in the Total Deferral field and complete the rest of this form.

Pre-Tax Deferral: \$ \_\_\_\_\_ OR \_\_\_\_\_%

Roth After Tax Deferral: \$ \_\_\_\_\_ OR \_\_\_\_\_% **NOTE:** Roth is not available for 457(b) or 457(f) plans.

Total Deferral: \$ \_\_\_\_\_ OR \_\_\_\_\_%

### 4. Beneficiary Designation (replaces any prior designation)

**NOTE:** Percentage split must total 100% for each category of beneficiary.

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

**Primary Beneficiary(ies)** (must total 100%): If married, your spouse must be the only primary beneficiary unless your spouse consents to the beneficiary designation in the next section.

Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:

**4. Beneficiary Designation (continued - replaces any prior designation)**

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

Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:

**5. 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 the Plan Sponsor or 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: \_\_\_\_\_

**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).

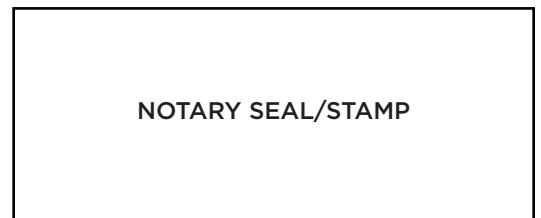
**Notary Information:**

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

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

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

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



**6. Investment Fund Allocation Election (select your investments below)**

<u>Asset Allocation</u>	<u>Specialty</u>
_____ % TIAA-CREF Lifecycle Index Retirement Income Fund (Institutional Class)	_____ % Cohen & Steers Real Estate Securities Fund, Inc. (Institutional Class)
_____ % TIAA-CREF Lifecycle 2010 Fund (Institutional Class)	<b><u>Small Cap</u></b>
_____ % TIAA-CREF Lifecycle 2015 Fund (Institutional Class)	_____ % Touchstone Small Company Fund (Class R6)
_____ % TIAA-CREF Lifecycle 2020 Fund (Institutional Class)	<b><u>Mid Cap</u></b>
_____ % TIAA-CREF Lifecycle 2025 Fund (Institutional Class)	_____ % MassMutual Select Mid Cap Growth Fund (Class I)
_____ % TIAA-CREF Lifecycle 2030 Fund (Institutional Class)	_____ % Vanguard Mid Cap Index Fund (Admiral Shares)
_____ % TIAA-CREF Lifecycle 2035 Fund (Institutional Class)	<b><u>Large Cap</u></b>
_____ % TIAA-CREF Lifecycle 2040 Fund (Institutional Class)	_____ % ClearBridge Large Cap Growth Fund (Class I)
_____ % TIAA-CREF Lifecycle 2045 Fund (Institutional Class)	_____ % MFS Value Fund (Class R3)
_____ % TIAA-CREF Lifecycle 2050 Fund (Institutional Class)	_____ % Vanguard 500 Index Fund (Admiral Shares)
_____ % TIAA-CREF Lifecycle 2055 Fund (Institutional Class)	<b><u>Bonds</u></b>
_____ % TIAA-CREF Lifecycle 2060 Fund (Institutional Class)	_____ % Federated High Yield Trust (Institutional Shares)
<b><u>Balanced</u></b>	_____ % Pioneer Bond Fund (Class K)
_____ % Capital Income Builder® Fund (Class R5)	<b><u>Short Term</u></b>
_____ % Prudential Balanced Fund (Class Z)	_____ % Nationwide Fixed Account
<b><u>International</u></b>	
_____ % Fidelity Emerging Markets Fund	
_____ % Oppenheimer International Diversified Fund (Class I)	<b><u>100</u> % Total for both columns must equal 100%<sup>1</sup></b>

<sup>1</sup> The allocation of your funding options must be in whole percentages. If allocations do not total 100%, the unallocated portion will be invested into the plan's default investment option.

**Enroll me in asset rebalancing** I agree to comply with and be bound by the terms and conditions of the service including any restrictions imposed by the investment options. I understand I can obtain more information about the service, its terms and conditions by contacting the Nationwide Service Center at 833-268-7080.

**7. Authorization**

I hereby elect the deferral amount (if applicable) and investment fund allocation stated above. I understand my deferral election and investment allocation will continue until elected otherwise. Some mutual funds may impose a short-term trading fee and/or purchase block. Investing involves market risk, including possible loss of principal. No investment strategy or program can guarantee a profit or avoid loss. Before investing you should read the fund prospectuses carefully. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

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

**8. Form Return**

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

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