OBRA ACKNOWLEDGEMENT CARD

(Please complete and submit to your Payroll Center)

I. Personal Information

_____ - _____ - _____
Social Security Number

_____ - _____ - _____
Date of Birth

SEX(circle one): M or F

____
Name

____
Address

____
Additional Address

____
City State Zip Code

____
Occupation

( ) - _____ - _____
Home Phone

( ) - _____ - _____
Work Phone

II. Plan Information

Plan Number: ______________________________

Plan Name: ______________________________

Employer's Phone Number: ( ) _____ - _____

*Deferral Amount:$ _____________ Frequency: _____________

** Contributions to the OBRA Plan must be a minimum of 7.5% of compensation*

Allocation: 100% Nationwide Fixed Account

III. Beneficiary Information

**If there are additional beneficiaries, please attach a separate sheet*

Primary Beneficiary: ______________________________

____
Date of Birth Relationship

Contingent Beneficiary: ______________________________

____
Date of Birth Relationship

I have read and understand the terms stated within the Informational Sheet describing this product. I understand that 100% of my deferrals will be deposited in the Nationwide Fixed Account held with Nationwide Life Insurance Company.

______________________________ _____________ ______________________________ III

Participant's Signature *Date* *NRS Retirement Specialist*

DC-2727-0305

NRS Registered Principal: ______________________________ *Date:* _____________