

# Nationwide Retirement Solutions Payroll Authorization Card

(Please complete and submit to your Payroll Center)

## I. Personal Information

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Additional Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Department

( ) - - - - -  
Work Phone

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

DC-4621-0708

Original - Payroll Center

Copy - Participant

## II. Plan Information

Plan Type:  457(b)    401 (a)    IRA Product  
(Check only **ONE** plan type. If you have several plan types, then you must submit a payroll authorization card for each plan type.)

Action:  Initial    Increase    Decrease    Cancel

OLD

NEW

Deferral Amount: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Frequency:  Bi-weekly    Monthly    Other \_\_\_\_\_

Catch Up Provision Utilized:  Yes, 3-year    Yes, Age 50+    No  
Normal Retirement Age: \_\_\_\_\_

Payroll Deduction to begin on: \_\_\_\_\_  
(Date)

I authorize my employer to reduce my salary by the above amount for credit to my account with my employer's Deferred Compensation Plan. This reduction will begin on the pay period specified above, but no sooner than is permitted by law or than is administratively practicable.  
This reduction will continue until otherwise authorized by my employer in accordance with the Plan.



Please return completed form to Michelle in Finance. Be sure you have signed and dated the form. Incomplete forms may delay the change.

Decrease to deduction – Decreases may occur immediately upon receipt (first payroll after completed form is received by Michelle)

Increase to deduction – Increases will occur on the first payroll of the month following receipt of the completed form by Michelle. (i.e. Form is completed and signed on March 10<sup>th</sup> and received by Michelle on March 13<sup>th</sup>. First payroll in April will have the new increase to deduction)

Any questions regarding the form can be directed to Michelle at 832-6438 or [michelle.burton@appleton.org](mailto:michelle.burton@appleton.org).