

**OBRA/PST Acknowledgement Card**  
 (Please complete and submit to your Payroll Center)

**Plan Information**

Employer Name:  
 Employer Plan Number:  
 Employer's Phone Number:

<b>Deferral Amount*</b>	<b>Payroll Frequency</b>
%	

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

**Allocation: 100% Nationwide Fixed Account**

**Participant Information**

Name:  
 Mailing Address:  
 City, State, & Zip Code:  
 SS#:                                      Date of Birth:  
 Contact Phone:                              Gender (check one):  
      M     F  
 Email:

**Beneficiary Information**

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

**Primary Beneficiary**

Name:  
 Address:  
 City, State, & Zip Code:  
 SSN:                                      Date of Birth:  
 Relationship:

**Contingent Beneficiary**

Name:  
 Address:  
 City, State, & Zip Code:  
 SSN:                                      Date of Birth:  
 Relationship:

I acknowledge and understand that my participation in the plan is governed by the Plan Document and the Informational Sheet. I understand that 100% of my deferrals will be deposited in the Nationwide Fixed Account held with Nationwide Life Insurance Company.

Participant Signature	Date	Retirement Specialist	Agent #
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