

# 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.

\_\_\_\_\_  
Participant's Signature                                      Date                                      NRS Retirement Specialist                                      /#