

## OBRA ACKNOWLEDGEMENT CARD

### 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 (    ) \_\_\_\_\_-\_\_\_\_\_

### Plan Information

Plan Number \_\_\_\_\_

Plan Name \_\_\_\_\_

Employer's Phone Number (    ) \_\_\_\_\_-\_\_\_\_\_

Deferral Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_

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

Allocation:      100% Nationwide Fixed Account

### Beneficiary Information

Primary Beneficiary \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

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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 Insurance Company.

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

\_\_\_\_\_  
# \_\_\_\_\_

NRS Retirement Specialist

NRS Registered Principal \_\_\_\_\_ Date \_\_\_\_\_