

***NATIONWIDE DEFERRED COMPENSATION PLAN***  
**PAYROLL DEDUCTION FORM**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

***Specify One:***

Increase                       Decrease

Stop                                 Restart

**50+ Catch-Up:**    \_\_\_\_\_  
                                    **Yes    No**

**3-Year Catch-Up:**    \_\_\_\_\_  
                                    **Yes    No**

**CONTRIBUTIONS:**

**TOTAL PAYROLL DEDUCTION \$ \_\_\_\_\_ per pay period.**

I hereby authorize payroll to deduct the above amount from my gross salary effective \_\_\_\_\_, 20\_\_\_\_.                      \_\_\_ As soon as possible

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Give this form to your Payroll Dept.

**FOR HR USE ONLY:**

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_