

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

**Plan Information**

Employer Name:	Town of Nantucket
Employer Plan Number:	0037280-002
Employer's Phone Number:	508.228.7200

<b>Deferral Amount*</b>	<b>Payroll Frequency</b>
7.50 %	bi-weekly

\*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): <input type="checkbox"/> M <input type="checkbox"/> F
Email:	

**Beneficiary Information**

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

<b>Primary Beneficiary</b>	
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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