

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

Plan Information

Employer Name: *County of Nantucket*
 Employer Plan Number: *0036448-002*
 Employer's Phone Number: *508.228.7200*

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

*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 # _____