

On Your Side

NATIONWIDE'S DIRECT DEPOSIT PROGRAM

We strongly encourage you to take advantage of Nationwide's **DIRECT DEPOSIT** Program. **DIRECT DEPOSIT** is an ideal way of ensuring your periodic payment is **ALWAYS** timely credited to your bank account. Why fuss with the potential issues of checks being lost or stolen, or even delayed due to inclement weather. With **DIRECT DEPOSIT**, your benefit payment will be credited to your checking or savings account via Electronic Funds Transfer. This is the same process used by the Social Security Administration for the benefit of millions of people who receive payments from the Federal Government. Thus, this well established procedure has proven to be very safe and reliable.

Advantages of **DIRECT DEPOSIT**:

ಜಜIT'S SAFE	there is no need to worry about your checks getting lost, stolen or delayed in the mail.
⊠MIT SAVES TIME	avoid the inconvenience of going to the bank to deposit your checks.
ಶಶIT'S FAST	the funds will be in your bank by the due date an d immediately available to you.
ಜಜIT'S FLEXIBLE	you may update your account information as your needs change.
≾≾IT'S FREE	DIRECT DEPOSIT costs you nothing.

Please enroll in Nationwide's **DIRECT DEPOSIT** Program to receive your benefit payments electronically. By doing so, you will virtually guarantee the timely credit of your benefit to your bank account. Kindly complete the enclosed DIRECT DEPOSIT ENROLLMENT **FORM** and return it, along with either a blank voided check (for a checking account) or a blank deposit ticket (for a savings account), to the address provided on the form. You'll be glad you did!



NATIONWIDE RETIREMENT SERVICES DIRECT DEPOSIT ENROLLMENT FORM

SECTION I - RECIPIENT INFORMATION				
Full Name (First, Middle Initial, Las	Social Security Number			
Street Address				
City	State	Zip Code	Daytime Telephone Number	
SECTION II - BANK INFORMATION				
Bank Name				
Street Address				
City	State	Zip Code	Bank Telephone Number	
Bank Routing Number (ABA Numb	er) - 9 digits	Bank Account Number		
Type of Account: Checking Account (Please include a blank voided check) Savings Account (Please include a blank deposit slip)				
SECTION III - MAILING INSTRUCTIONS				
Mail the completed form, along with a blank voided check (checking account) or a blank deposit slip (savings account) to the following address: NATIONWIDE LIFE INSURANCE COMPANY RETIREMENT SERVICES P.O. Box 183158 Columbux, OH 43215-3158				
SECTION IV - AUTHORIZATION				
I authorize Nationwide to electronically deposit my benefit payment into the bank account identified above. I further authorize and direct the bank to debit my account and return any such overpayments to Nationwide. I discharge Nationwide from any further liability for any payments deposited to my account under this authorization. I understand that Nationwide may terminate this direct deposit arrangement at any time and for any reason, and may make future benefit payments by check.				
This Authorization shall be effective until further written notice from the recipient is received by Nationwide and it has had a reasonable opportunity to act.				
Recipient's Signature Date				