

AUTOMATED CLEARING HOUSE ("ACH") AUTHORIZATION/CHANGE FORM

Use this form only to change current payment delivery information on file for a distribution or to update your monthly loan payment debit information with Nationwide Retirement Solutions, Inc. (hereinafter referred to as "Recordkeeper").

Direct Deposit:

A. ☐ Please discontinue Direct Deposit and mail all future distributions as a check to my address on file

B. ☐ Direct Deposit by ACH

I authorize the Recordkeeper to directly deposit my benefit payment to my account indicated below.

☐ Add Initial Bank Information

☐ Update Bank Information on file

Loan Payment:

A. ☐ Update Bank Information on file for all loans

B. ☐ Update Bank Information on file for specific loan(s)

Loan Number(s): _____

I authorize the Recordkeeper to automatically deduct the monthly loan payments in accordance with the Amortization Schedule from my account indicated below. This authorization will remain in effect unless and until the Recordkeeper has received written notification from me of its termination in such a time and manner as to afford a reasonable opportunity to act on it.

ACH Information:

Financial Institution Name

Bank Routing Number (ABA#)

(Please contact your financial institution for the correct routing number)

☐ Checking – Attach Voided Check

☐ Savings

Bank Account Number

Signature _____

Date ____/____/____

Printed Name _____

SS # _____

NOTE: Failure to properly complete the above information may result in a paper check being sent to you by mail for the benefit payment or an insufficient funds fee to be assessed on your account. *The deposit of funds into your bank account could take up to 3 business days from the payout date.* I agree to hold the Recordkeeper harmless from responsibility for loss or damage due to errors, delays, inaccuracies in transmission except those that are the results of the Administrator's and/or Recordkeeper's gross negligence or willful misconduct.

Please attach voided check over example check

Member Name Address City, State Zip	Check No. 123 Date Pay to the Order of ABC Bank City, State For 123456789 0123456789 123
<div style="text-align: center;">VOID</div>	
ABA #	Acct#

Return form by fax to (877) 677-4329 or by mail to: Nationwide Retirement Solutions

PO Box 182797

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