

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

I. Personal Information

_____-_____-_____
Social Security Number

_____-_____-_____
Date of Birth

Gender (circle one): M or F

Name

Address

Additional Address

_____-_____-_____
City State Zip Code

Occupation

() - ____ - ____
Home Phone

() - ____ - ____
Work Phone

DC-2727-0615

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.

II. Plan Information*

Plan Number: 21491

Plan Name: Town of Deerfield, Massachusetts

Employer's Phone Number: () - ____ - ____

Deferral Amount*:\$ ____ Frequency: ____

*Contributions to the OBRA Plan must be a minimum of 7.5% of compensation.

Allocation: 100% Nationwide Fixed Account

III. Beneficiary Information

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

Primary Beneficiary: _____
Name

Address Date of Birth

Social Security Number Phone Number

Contingent Beneficiary: _____
Name

Address Date of Birth

Social Security Number Phone Number

Participant Signature

Date

Retirement Specialist

Agent #