OBRA ACKNOWLEDGEMENT CARD

(Please complete and submit to your Payroll Center)

I. Personal Information

_____ - _____ - _____
Social Security Number

_____ - _____ - _____
Date of Birth

SEX(circle one): M or F

_____
Name

_____
Address

_____
Additional Address

_____
City **State** **Zip Code**

_____
Occupation

( ) - _____ - _____
Home Phone

( ) - _____ - _____
Work Phone

II. Plan Information

Plan Number: PLAN # 0036166002

Plan Name: TOWN OF FRANKLIN

Employer's Phone Number: (508) 553 - 4810

***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: _____

_____
Date of Birth **Relationship**

Contingent Beneficiary: _____

_____
Date of Birth **Relationship**

I have read and understand the terms stated within the Informational Sheet describing this product. I understand that 100% of my deferrals will be deposited in the Nationwide Fixed Account held with Nationwide Life Insurance Company.

_____ _____ _____/#_____

Participant's Signature ***Date*** ***NRS Retirement Specialist***

DC-2727-0306