



Plan Sponsor Information

Plan ID: _____ Employer Tax ID Number: _____
Plan Sponsor Name: _____
Contact Name: _____
Email: _____ Phone Number: _____

Plan Sponsor Level Payroll Details

1. Confirm Payroll Integration Service Requested: [] 180 [] 180+360

2. Contribution Types

It's important to know what type of financial data you will be requesting the payroll provider to submit to Nationwide. Please review the sources available on your Plan with Nationwide and provide a list of each contribution source you expect to transmit to us, both currently and anytime in the future.

Please provide the contribution sources you expect to be transmitted:

Nationwide Source Name: _____
Nationwide Source Name: _____
Nationwide Source Name: _____
Nationwide Source Name: _____
Nationwide Source Name: _____

If you need space for additional sources, feel free to provide them in a separate attachment

3. Affiliates/Locations

If your Plan has multiple affiliates or multiple locations, please provide the corresponding values. If you do not have affiliates, please skip this section, and move to step Compensation Values.

Below are required items for ensuring your Affiliate data is received properly:

- All affiliates must be properly setup as Affiliates on Nationwide's recordkeeping system.
If multiple bank accounts are required, they must be added and connected to the affiliates within your investment options at Nationwide.

IMPORTANT: If you have employees active in multiple affiliates, you may not be able to auto-fund separate bank accounts.

Table with 4 columns: Affiliate Name, Nationwide Value, Tax ID, or External Contact ID, Last 4 of Bank Account, Corresponding Value Sent On File (to be filled out by the RP tech)

Locations (if applicable)

Table with 3 columns: Location Name, Location Code, Corresponding Value Sent On File

The information continues on the next page.

Plan Sponsor Level Payroll Details (continued)

4. Eligibility Services

Are you currently utilizing Eligibility Services with Nationwide? Yes No

If yes - do you have exclusionary classes of employees? Yes No

Please mark any exclusionary classes¹ of employees below:

Excluded Employees (select all that apply):

- Union (U) Salaried Employees (S) Contractor (CS) Non-resident aliens (NR)
 Commission Only Employees (S) Hourly Employees (H) Highly compensated Employees (HCE)
 Other (O) (limit 24 characters): _____

¹Exclusionary classes of employees are those who should never be considered eligible for the Plan by Nationwide. Please ensure you work with your payroll provider to identify these exclusionary characteristics and include this information in the payroll file.

Please note these must also already be setup with Nationwide's system, if not Payroll Integration will be delayed.

5. Loan Information

Does the plan allow loans? Yes No

How many outstanding loans does the plan allow per participant? _____

6. Compensations Values

Confirm the Compensation values that will be sent (check all that apply).

DEFINITION

Plan Limit Year Compensation (exclusions¹)

Limit Year Compensation (gross²)

Annualized Salary³

Yes No

PLAN SENDING?

Per Payroll YTD

Per Payroll YTD

¹Exclusion - Compensation type limited to what the plan wants to track

²Gross - All compensations

³Annualized Salary - Employee expected annual salary

7. Hours to be included

Only one option per participant

Per Payroll YTD

8. Plan Sponsor Contact

Please provide an email address of individual from Plan Sponsor that will receive notifications when a file is available on the Plan Sponsor Website (PSW).

Email: _____

Employee Contact Information

In order to better authenticate and contact your employees will your vendor be providing Nationwide any of the following?: Email Address Phone Number

Payroll Provider Details

Complete this section with the Payroll Provider's information.

Please note you may require support from your payroll provider in order to complete this section.

1. Company Name: _____

2. Contact Name: _____

3. Email: _____

4. Phone number: _____

Authorization

By signing below, I hereby certify that the information provided is accurate and complete to properly execute payroll integration. I acknowledge it is my responsibility to ensure the accuracy of this information and will commit to promptly notifying the appropriate channels of any future changes

Primary Authorized Company Representative:

Name (print): _____ Title: _____

Signature: _____ Date: _____

Form Return Instructions

Once form complete, submit to Case Manager at Nationwide and they will engage an RPTech associate who will provide next steps.