

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

Plan Information

Employer Name: Town of Rowe
Employer Plan Number: 0059288-001
Employer's Phone Number: 413-339-5520 x10

Deferral Amount*	Payroll Frequency
7.5 %	Biweekly

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

Allocation: 100% Nationwide Fixed Account

Participant Information

Name:	
Mailing Address:	
City, State, & Zip Code:	
SS#:	Date of Birth:
Contact Phone:	Gender (check one): <input type="checkbox"/> M <input type="checkbox"/> F
Email:	

Beneficiary Information

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

Primary Beneficiary	
Name:	
Address:	
City, State, & Zip Code:	
SSN:	Date of Birth:
Relationship:	

Contingent Beneficiary	
Name:	
Address:	
City, State, & Zip Code:	
SSN:	Date of Birth:
Relationship:	

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.

Participant Signature	Date	Retirement Specialist	Agent #
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