

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

**Plan Information**

Employer Name: *Town of Nantucket*  
 Employer Plan Number: *0037280-002*  
 Employer's Phone Number: *508.228.7200*

<b>Deferral Amount*</b>	<b>Payroll Frequency</b>
<i>7.50 %</i>	<i>bi-weekly</i>

\*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):  
 M  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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