USCM
PARTICIPATION AGREEMENT, PAYROLL DEDUCTION AUTHORIZATION and SERVICE REQUEST for DEFERRED COMPENSATION PLAN

PLEASE READ THE REVERSE SIDE OF THIS FORM PRIOR TO COMPLETION

II. ENTITY NUMBER: ☐☐☐☐☐☐

Employer Name ____________________

Employer Address ____________________

Payroll Center Name ____________________

Payroll Center Phone # (_____)____________

I. Social Security Number ☐☐☐-☐☐-☐☐☐☐ Date of Birth ☐☐-☐☐-☐☐ (Month Day Year) Sex M ☐ F ☐

Includible Compensation $ ____________ Occupation ____________ Check here if OBRA ☐ B

Name ______________________ (Last, First, MI) ☐ Check here if this is a name change (proof of name change must be attached).

Address ______________________ (Number & Street) ______________________ (Additional Mailing Information) ☐ Check here if this is a new address

______________________ (City) ____ (State) _____-____ (Zip Code)

Home Phone ☐☐☐ ☐☐☐ ☐☐☐☐ Work Phone ☐☐☐ ☐☐☐ ☐☐☐☐ Email Address ____________ Ext. ________

III. TYPE OF REQUEST: ☐ New ☐ Change ☐ Reinstatement

Deferrals can start or increase no earlier than the first day of the month following the month this application is signed. Start Deferral on: ____________

IV. DEFERRAL SUMMARY

	OLD	NEW
Annuity Amount	$ ________	$ ________
Survivor Income	$ ________	$ ________
Universal Life[1]	$ ________	$ ________
Term Insurance[1]	$ ________	$ ________
SUB TOTAL	$ ________	$ ________
Special	$ ________	$ ________
TOTAL DEFERRAL	$ ________	$ ________

Special Pay Period Ending Dates

Start ____________ (Annuity only) # of Pay Periods

Stop ____________ ____________

V. FREQUENCY:

☐ Weekly (W)-52 ☐ Monthly (M)-12 ☐ Semi-Monthly (X)-24

☐ Bi-Weekly (Z)-26 ☐ Other ____________

VI. CHANGES IN UNIVERSAL LIFE COVERAGE

☐ Increase ☐ Decrease ☐ Cancel

☐ Cancel and Transfer Cash Surrender Value to Annuity

Policy # ____________ ☐ Current Allocation

$ ________ (Old Face Amt.) $ ________ (New Face Amt.) ☐ ____________

*INCREASES IN FACE OR BENEFIT AMOUNTS REQUIRE A NEW LIFE APPLICATION. INDICATE CHANGES IN DEFERRAL AMOUNTS IN THE *DEFERRAL SUMMARY*.
**LIFE INSURANCE POLICIES ARE NOT AVAILABLE TO NEW APPLICANTS

VII. CATCH-UP Provision Utilized: ☐ Yes, 3-year ☐ Yes, Age 50+ ☐ No

Expected retirement date: ____________

VIII. FUNDING OPTIONS – *Only for New Business – Must be in Whole % and Total 100%*

Asset Allocation (Gartmore Investor Destinations Series)

- ______% (NWVA8N) Aggressive Fund (Svc. Class)
- ______% (NWVA9N) Moderate Aggressive Fund (Svc. Class)
- ______% (NWVB0N) Moderate Fund (Svc. Class)
- ______% (NWVB1N) Moderate Conservative Fund (Svc. Class)
- ______% (NWVB2N) Conservative Fund (Svc. Class)

International

- ______% (NWVC2N) J.P. Morgan Fleming International Equity Fund Select
- ______% (NWV99N) Gartmore International Index Fund (Class A)
- ______% (NWV78N) Oppenheimer Global Fund (Class A)
- ______% (NWV38N) Templeton Foreign Fund (Class A Shares)

Small Cap

- ______% (NWV93N) Brown Capital Mgmt. Small Company Fund (Instl. Shares)
- ______% (NWVC3N) Dreyfus Premier Small Cap Value Fund (Class R)
- ______% (NWV69N) GVIT Small Company Fund (Class I)
- ______% (NWV98N) Gartmore Small Cap Index Fund (Class A)
- ______% (NWVB4N) Neuberger Berman Genesis Fund (Trust Class)

Mid Cap

- ______% (NWV94N) American Century Value Fund (Investor Class)
- ______% (NWVC4N) American Century Vista Fund (Investor Class)
- ______% (NWV83N) Dreyfus Premier Midcap Stock Fund (Class A)
- ______% (NWVC0N) JP Morgan Mid Cap Value Fund (Class A)
- ______% (NWV97N) Gartmore Mid Cap Market Index Fund (Class A)

Large Cap

- ______% (NWV11N) American Century Growth Fund[5] (Investor Class)
- ______% (NWV29N) American Century Ultra Fund[5] (Investor Class)
- ______% (NWV76N) Dreyfus Appreciation Fund
- ______% (NWVC1N) Neuberger Berman Socially Responsive Fund
- ______% (NWV68N) Dreyfus S&P 500 Index Fund[5]
- ______% (NWV33N) Fidelity Contrafund[4, 5]
- ______% (NWV10N) Fidelity Equity-Income Fund[5]
- ______% (NWV02N) Gartmore Nationwide Fund (Class D)

Large Cap Cont'd

- ______% (NWV41N) Janus Fund[5]
- ______% (NWV05N) MFS Mass Inv. Growth Stock Fund (Class A)
- ______% (NWV77N) Gartmore S&P 500 Index Fund (Instl. Svc. Class)
- ______% (NWV23N) Putnam Voyager Fund (Class A)
- ______% (NWV24N) The Growth Fund of America[5] (Class A)
- ______% (NWVC5N) T. Rowe Price Growth Stock Fund - Advisor Class
- ______% (NWVB5N) Van Kampen Growth & Income Fund (Class A)

Balanced

- ______% (NWV44N) Fidelity Asset Manager[5]
- ______% (NWV27N) The Income Fund of America[5]

Bonds

- ______% (NWV43N) Fed. U.S. Gov't Securities Fund: 2-5 Year Trust[5] (Instl Shares)
- ______% (NWV47N) MSIF Fixed Income Portfolio[5] (Inst'l Class)
- ______% (NWV07N) MFS High Income Fund[5] (Class A)
- ______% (NWV96N) Gartmore Bond Index Fund (Class A)
- ______% (NWVA0N) PIMCO Total Return Fund (Class A)
- ______% (NWVB8N) Waddell & Reed Advisor High Income Fund (Class Y)

Fixed/Cash

- ______% (NWV06N) Gartmore Money Market Fund (Prime Shares)
- ______% (NWG) Nationwide[*] Fixed Annuity Contract
- ______% (MOV05) Gartmore Morley Stable Value Retirement Fund[7]

______% Total for both columns must equal 100%[8]

AVAILABILITY OF LIFE INSURANCE OPTIONS AND OTHER INVESTMENT OPTIONS MAY VARY BY PLAN. IF AN ALLOCATION IS MADE TO A CLOSED OR UNAVAILABLE INVESTMENT OPTION, THE ALLOCATION WILL BE MADE TO THE DEFAULT OPTION, THE GARTMORE MONEY MARKET FUND.

1. The availability of the life insurance options is subject to each entity's approval and may not be available to you. Please contact the Public Sector Service Center at www.nrsforu.com or 1-877-NRS-FORU (1-877-677-3678) or your enroller for details.
2. Fidelity Magellan is only available to entities that adopted the funds prior to October 30, 1997
3. The Bond Fund and Investment Company of America Funds are only available to entities that adopted the funds prior to July 1, 1994.
4. Fidelity Contrafund is only available to entities that adopted the fund prior to July 1, 1998
5. This fund is in the Passage Series and may not be available in your plan. Please contact the Public Sector Service Center at www.nrsforu.com or 1-877-NRS-FORU (1-877-677-3678) or your enroller for details
6. These funds are part of the Prestige Advisor Series.
7. This fund is a non-annuity fund and may not be available in your plan. Please contact the Public Sector Service Center at www.nrsforu.com or 1-877-NRS-FORU (1-877-677-3678) or your enroller for details.
8. IF THE TOTAL INVESTMENT OPTION ALLOCATION PERCENTAGE EQUALS LESS THAN 100%, THE DIFFERENCE WILL BE INVESTED IN THE DEFAULT OPTION, THE GARTMORE MONEY MARKET FUND. IF THE TOTAL INVESTMENT OPTION PERCENTAGE IS GREATER THAN 100%, YOUR APPLICATION WILL BE REJECTED AND YOUR ALLOCATIONS WILL NOT BE PROCESSED.

IX. ☐ Check here if this is a change of beneficiary. *(Any changes in the beneficiary designations supersede any prior beneficiary designations).*

Primary Beneficiary ______________________ (Name (Please Print)) ____________ (Relationship) ________ (Date of Birth)

Contingent Beneficiary ______________________ (Name (Please Print)) ____________ (Relationship) ________ (Date of Birth)

☐ Please send me a copy of the Informational Brochure.

☐ Please contact me regarding transferring my other pre-tax retirement plans.

I authorize my Employer to reduce my salary by the above amount which will be credited to my employer's Plan. The reduction will continue until otherwise authorized in accordance with the Plan. The withholding of my deferred amount by my Employer and its payment to the designated investment option(s) will be reflected in the first pay period contingent on the processing of this application by the Plan Administrator in conjunction with the set-up time required by my payroll center. The reduction is to be allocated to the funding options in the percentages indicated above. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

I have read and understand each of the statements on the front and back of this form, which have been drafted in compliance with Section 457 of the Internal Revenue Code. I accept these terms and understand that these statements do not cover all the details of the Plan or products.

______________________ Participating Employee's Signature ____________ Date

______________________ Retirement Specialist's Signature/Number ______________________ Sales Director's Signature/Number ______________________ Principal's Signature