

Opt-Out Form

Nationwide 401k Account

Instructions: Complete this form only if you **do not** wish to enroll in the Nationwide 401k Program.
Please return the completed form to your company plan sponsor or Pension Plan Administrator (PPA).

By checking the box at the left and signing on the line below, I acknowledge that I do not wish to participate in the Nationwide 401k Program at this time. I elect not to make elective deferrals until further notice and I understand that it is my responsibility to contact Human Resources to change my elective deferral status and begin participating.

Employee Signature

Date

Employee Printed Name

Sevier County Employee's 401(k) Plan
Plan Name

196-80536
Plan Number