



**Fact Sheet and Signature Page
Additional Products and Services Plan Sponsor Authorization Agreement**

Nationwide Retirement Solutions (NRS) provides your participants with education and services related to their deferred compensation plan. Participants often need guidance during key transitions, such as when changing jobs or preparing to retire. A new offering through companies affiliated with NRS provides participants with additional support during these transitions. The enclosed agreement authorizes our affiliates to offer participants additional products and services related to assets outside the plan.

NRS is able to bring these new products and services to your participants through our affiliates:

- Nationwide Securities, LLC
- Nationwide Bank
- Nationwide Fund Distributors, LLC

By signing below, participants will have access to the following products and services being offered by our affiliates:

- Licensed financial representatives offering a financial needs assessment to identify products and services that are designed to help plan participants achieve their retirement goals.
- Supplemental education and guidance on the retirement options available to them, including the benefits of staying in the plan.
- An array of investment options to meet their needs. These options include a range of mutual funds from multiple fund families — including Nationwide Funds — as well as Nationwide annuities, Nationwide life insurance products and solutions from Nationwide Bank.

Help your participants receive the assistance they need at key transitions by signing below. Please note NRS and its affiliates may provide marketing materials to your plan participants to describe the products and services that are available when you sign this Agreement.



Sign and Return by July 15, 2011

My signature below represents that I have the authority to act on behalf of the plan. I acknowledge receipt of a copy of the Additional Products and Services Plan Sponsor Authorization Agreement. I have read and understand the document and will contact my Nationwide representative if I have any questions or concerns. As a representative of the plan, with authority to act on its behalf, I make the following selection:

Yes, I agree and accept the terms of the Additional Products and Services Plan Sponsor Authorization Agreement.

Print name: _____
Signature: _____
Date: _____

Plan name: LINCOLN COUNTY
Plan #: 0035584001

00004729

Please sign and return this sheet to permit NRS affiliates to offer transition support services.

PNM-2013AO (05/11)
For Plan Sponsor Use Only