

Nationwide Retirement Solutions

Post Employment Health Plan

Employee Allocation Form

PARTICIPANT NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

ADDRESS/CITY/STATE/ZIP CODE

ENTITY NAME

ENTITY NUMBER

EMAIL ADDRESS

Investment Options

ASSET ALLOCATION/NATIONWIDE® INVESTOR DESTINATIONS SERIES

NWVE4	Nationwide® Investor Destinations: Aggressive Fund (Service Class)	_____ %
NWVE5	Nationwide® Investor Destinations: Moderately Aggressive Fund (Srv Class)	_____ %
NWVE6	Nationwide® Investor Destinations: Moderate Fund (Service Class)	_____ %
NWVE7	Nationwide® Investor Destinations: Moderately Conservative Fund (Srv Class)	_____ %
NWVE8	Nationwide® Investor Destinations: Conservative Fund (Service Class)	_____ %

INTERNATIONAL

NVVH0	JP Morgan International Equity Fund (Select Shares)	_____ %
NVV90	Oppenheimer Global Fund (Class A)	_____ %

SMALL CAP

NVVI0	Dreyfus Premier Small Cap Value Fund (Class R)	_____ %
NVVI8	Fidelity Advisor Small Cap Fund (Class A)	_____ %
NVVD6	Nationwide® Small Cap Index Fund (Class A)	_____ %

MID CAP

NVI1	American Century Vista Fund (Investor Class)	_____ %
NVVD5	Nationwide® Mid Cap Market Index Fund (Class A)	_____ %
NVVI7	Goldman Sachs Mid Cap Value Fund (Class A)	_____ %

LARGE CAP

NWV29	American Century Ultra Fund (Investor Class)	_____ %
NVVA5	Nationwide® S&P 500 Index Fund (Institutional Service Class)	_____ %
NWV62	Nationwide® Fund (Class D)	_____ %
NWVF6	Van Kampen Growth & Income Fund (Class A)	_____ %

BONDS

NVVD8	PIMCO Total Return Fund (Class A)	_____ %
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FIXED/CASH

NVV06	Nationwide® Money Market Fund (Prime Shares)	_____ %
NW**	Nationwide® Fixed Account	_____ %

TOTAL	= 100 %
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I hereby acknowledge that I have been provided a Summary Plan Description from my employer, which describes the new Post Employment Health Plan (PEHP). I further understand that monies invested into my account will be allocated to the most conservative option until such time as I elect to contact the PEHP Service Center by calling 1-877-677-3678 or accessing the Nationwide Retirement Solutions web site at www.NRSFORU.com to make an account change.

PRINT PARTICIPANT NAME

PARTICIPANT SIGNATURE

DATE