

**Plan Sponsor Information**

Plan Sponsor Number: 0057623001 Plan Name: City and County of Denver

**Employee Information**

Name: \_\_\_\_\_ Account Number/SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Prepayment Amount**

Amount: \$ \_\_\_\_\_

This prepayment amount must be made in the form of cashier's or personal check.

**Please make check payable to Nationwide Retirement Solutions.**

**Authorization**

I hereby elect that the above prepayment amount be applied to my outstanding loan balance. I understand this prepayment amount will be first applied to any outstanding accrued interest and second to the outstanding principal of my loan. **I further understand I must continue to make my regularly scheduled loan repayments in accordance with the loan repayment amortization schedule.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form Return**

**Mail:** Nationwide Retirement Solutions  
PO BOX 182797  
Columbus, OH 43218-2797