



# IRA Beneficiary Distribution Form

Please use a pen and print clearly in CAPITAL LETTERS.

*For distributions to IRA Beneficiaries or Estate Executors ONLY.* Please complete all sections of this form. Failure to do so will result in processing delays. Please consult your tax advisor to assure that the options you have selected are appropriate for your particular situation.

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## Account Holder Information

Account Holder Name (First, Middle, Last)			Social Security Number
Address	Apt. #	Date of Birth (mm/dd/yy)	
City	State	ZIP	Daytime Phone Number

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## Account Information

Fund Name	Fund Account Number	\$ Amount
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## Amount of Distribution

Total Distribution: *This will close your account. Your distribution may be reduced for Maintenance and/or Termination Fees, if applicable. Please refer to your retirement account agreement.*

Partial Distribution: Check one of the following options:

A one-time payment of \$ \_\_\_\_\_

A series of payments of \$ \_\_\_\_\_

Frequency  Monthly  
 (Check only one)  Quarterly  
 Semiannually  
 Annually

\_\_\_\_\_  
Distribution Start Date (mm/dd/yyyy)

METHOD OF PAYMENT	
<input type="checkbox"/>	<b>Mail Check to Address of Record</b> Default method of payment. If no box is checked, your distribution will be mailed to you.
<input type="checkbox"/>	<b>Deposit to my Checking Account</b> Please attach a voided check to this form. A signature guarantee may be required. Consult your prospectus.
<input type="checkbox"/>	<b>Deposit to my Non-Qualified Account</b> Acct. # _____ A Medallion Signature Guarantee may be required. Consult your prospectus.



Distribution Reason

	IRS Code		Reason Valid ONLY for:
<input type="checkbox"/>	4	<b>Death:</b> I am a beneficiary or an executor of the estate of the account holder. This distribution request is accompanied or preceded by: <ol style="list-style-type: none"> <li>I. A certified copy of the death certificate of the account holder,</li> <li>II. Tax waivers (if required by the holder's state of residence),</li> <li>III. Appointment of fiduciary (if the benefits will be paid to the account holder's estate),</li> <li>IV. A complete copy of the trust document or qualifying documentation of the trust (if an irrevocable trust, valid under state law, in named beneficiary of the IRA and I am a beneficiary of that trust; if these requirements are not met, the benefits must be paid to the trustee),</li> <li>V. A signature guaranteed letter of instruction requesting the transfer of assets to a beneficiary IRA and</li> <li>VI. A new IRA application (same type as the account holder's IRA) completed by the beneficiary or executor, or W-9 if redeeming immediately</li> </ol>	<i>Traditional IRA, Roth or SIMPLE IRA</i>

Signature

Federal income tax must be withheld from your distribution at a rate of 10% unless you elect not to have withholding apply. If you do not check a box, taxes will be withheld at 10%. This election applies to federal tax withholding only. If you are a resident of North Carolina, please complete the state tax withholding election below.

- I have read and understand the withholding information, including state tax withholding.
- I elect not to have federal tax withheld from my distribution. I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rules, if my withholding and tax payments are not sufficient.
- I elect to have taxes withheld from my IRA distribution at \_\_\_\_\_% (not less than 10%)

The Participant/Beneficiary hereby authorizes the distribution from this account to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult my own tax advisor when I need tax advice. I indemnify the Custodian, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements.

\_\_\_\_\_  
Beneficiary or Executor Signature

\_\_\_\_\_  
Date

Medallion Signature Guarantee

Your signature(s) must be signature guaranteed to assure that your signature(s) is/are genuine and to protect you from unauthorized requests. You may obtain a Medallion Signature Guarantee from a bank, brokerage firm or financial institution. Please note that a notary public cannot provide a Medallion Signature Guarantee.

<p>Medallion Signature Guarantee Stamp</p>	<p>Medallion Signature Guarantee Stamp Joint Owner</p>
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## Nationwide Funds

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**Withholding (Purpose of Form W-4P).** The IRA Owner must elect whether or not to have money withheld for federal income tax purposes and on what basis. You may make this election on this substitute Form W-4P or you may attach an actual Form W-4P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10%. You may use this form to elect to have no income tax withheld (except for payments to U.S. citizens delivered outside the U.S. or its possessions), to have 10% withheld, or to have more than 10% withheld. Check the box reflecting your choice. Generally, your election will apply to any later distributions from the same IRA. You may, however, revoke your previous exemption from withholding. Simply complete a new Form W-4P with your Custodian/Trustee. The payer will not send copies of Form W-4P to the IRS.

**Statement of Income Tax Withheld from Your Account.** By January 31 of next year, you will receive a statement from your payer showing the total amount of your payments and the total income tax withheld during the year.

**Exemption from Income Tax Withholding.** The election to be exempt from income tax withholding does not apply to any periodic payment or non-periodic distribution that is delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. Other recipients who have these payments delivered outside the U.S. or its possessions can elect exemption only if an individual certifies to the payer that the individual is not: (1) a U.S. citizen or resident alien, or (2) an individual to whom Section 877 of the Internal Revenue Code applies (concerning expatriation to avoid tax). The certification can be made in a statement to the payer under penalties of perjury.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or via the Internet at <http://www.irs.gov>.

**Caution:** Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Publication 505. It explains tax requirements and penalties in detail. You may be able to avoid quarterly estimated payments by having enough tax withheld from your IRA using Form W-4P.

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### **NORTH CAROLINA STATE TAX WITHHOLDING ELECTION (North Carolina Residents ONLY)**

North Carolina income tax must be withheld from your distributions unless you elect to not have withholding apply. If you do not make an election or if you elect to have withholding apply, your distribution(s) will be subject to withholding at the following rate:

- Total Distributions or Non-Periodic (one-time) Partial Distributions: 4%
- Periodic (a series of) Partial Distributions: *Income withholding at a rate of married with three exceptions.*

**If you are a resident of North Carolina, please check *one* of the boxes below:**

- I elect to have North Carolina Income Tax withheld from my distributions.
- I do not elect North Carolina Income Tax withheld from my distributions.

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Signature

Date

*Please complete all sections of this form. Failure to do so will result in processing delays. Please consult your tax advisor to assure that the options you have selected are appropriate for your particular situation.*

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For assistance completing this form, call 1-800-848-0920. Send completed forms to:

**Mail:**  
Nationwide Funds  
P.O. Box 701  
Milwaukee, WI 53201-0701

**Overnight Services:**  
Nationwide Funds  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207