



**Cook County**  
**Deferred Compensation Plan**  
 Beneficiary Distribution Form

**Beneficiary**

Beneficiary (select one): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse	Participant Account Number:
Participant Name:	Participant SSN:
Beneficiary Name:	Beneficiary SSN:
Mailing Address:	Date of Birth:
City, State, & Zip Code:	Phone Number:
Email Address:	
How would you like to be contacted if additional information is required? <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

**Distribution Source\*** (Select One Option)

**Employer Name:**  0035046-001 - Cook County  0035043-001 - Cook County Forest Preserve

**Source:**  Salary Reduction  Rollover  Rollover 457(b)  All Sources Proportionately  
 Fund Specific (please list Fund and amount below)

Fund Name	Dollar Amount or Percent**

\*If a source is not listed, your funds will be disbursed prorata. \*\*Percents must be in whole percentages.

**Beneficiary Instructions for Payout**

Submit an original or certified copy of the death certificate and a copy of your driver's license, with this form. If the beneficiary is a minor, legal guardianship papers must also be included. If there are multiple beneficiaries, each must complete a copy of this form. Not all options are available for non-spousal beneficiaries. For more information, please contact us at 877-677-3678.

**Spousal Beneficiaries:**

If you are the Spouse of the Participant and the Participant had not attained age 70 ½, you may defer your initial benefit payment to the later of:

- December 31st of the calendar year immediately following the calendar year in which the Participant's death occurred

**OR**

- December 31st of the calendar year in which the Participant would have attained age 70 ½.

If you are the Spouse of the Participant and the Participant had attained age 70 ½, you may delay your initial benefit payment until December 31st of the calendar year immediately following the calendar year in which the Participant's death occurred.

**Non-Spousal Beneficiaries:**

Beneficiaries who are named individuals, other than the Participant's Spouse, may defer the initial benefit payment until December 31st of the calendar year immediately following the calendar year in which the Participant's death occurred.

## Payout Options (select only one option)

I am not required to receive a benefit payment at this time and I wish to defer payments to a later date.

**(Please check one option below and then proceed to the Authorization section)**

As a spousal beneficiary whose spouse was less than 70 ½ at the time of death, I am entitled to defer my initial payment until December 31st of the calendar year immediately following the calendar year in which the participant's death occurred, or until December 31st of the year that the participant would have attained 70 ½, whichever is later.

As a spousal beneficiary whose spouse was 70 ½ or older at the time of death, I am entitled to delay my initial payment until December 31st of the calendar year immediately following the calendar year in which the participant's death occurred.

As a non-spousal beneficiary, I can defer my initial payment until December 31st of the calendar year immediately following the calendar year in which the participant's death occurred.

### One Time Payment\*\*

Entire account balance

Partial amount of \$ \_\_\_\_\_ (Gross amount before tax withholding) (Minimum of \$25)

\*\*Skip to "Payment Method" section on page 3, if you select this option

### Ongoing Systematic Payments

**Frequency:**  Monthly  Quarterly  Semi-Annually  Annually

If no payment frequency is selected, payment will be set-up for the default option of monthly.

Systematic Start Date: \_\_\_\_\_

If start date is not provided, the payment start date will be the date your request is processed. The receipt date of your payment is dependent upon the payment method you select.

### Select one Systematic Payment Option

**Fixed Dollar Payment**

Specified amount (minimum of \$25) paid to you until your account balance is zero (final payment may be less). The number of payments you receive will vary depending on the earnings (gains/losses) your account experiences.

**Payment Amount:** \$ \_\_\_\_\_ (Gross amount before tax withholding)

**Fixed Period Payment**

Account balance paid to you for the number of years selected. The actual dollar amount of each payment will vary depending on the earnings (gains/losses) your account experiences, and the duration requested. You must choose a calculation method for your payment. If no calculation method is selected, payments will default to the standard method with annual calculations.

**Number of Years:** \_\_\_\_\_ (1-30 years)

Please select a calculation method:

Standard:  Annually (Default Option) **OR**  Per Pay Period

Assumed Growth Rate:  Cost of Living Adjustment (COLA)

**Life Expectancy and Lifetime Payment**

Please select a calculation method:

Life Expectancy / Joint Life Expectancy\*:  Life Expectancy **OR**  Joint Life Expectancy\*

Lifetime / Joint Lifetime\*:  Lifetime **OR**  Joint Lifetime\*

\*Joint Life and Joint Lifetime calculations will be based on the joint life expectancy of you and your primary beneficiary at the time of calculation.

**Beneficiary Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

## Important Information

### Money Sources

Funds will be withdrawn equally across all money sources and investment options for each requested distribution unless instructed otherwise. Distributions from rollover and Roth sources, if applicable, may be subject to an additional excise tax.

### Self-Directed Brokerage Account

If you have money in the Self-directed Brokerage account and the requested amount exceeds your core account balance, you will need to transfer funds back to the core account before your request can be processed. If you select a systematic payment, you will need to maintain a sufficient balance in your core account to cover your elected amount, plus meet required minimum distribution core balances, if applicable.

### Beneficiary Information

If you would like to confirm or update your beneficiary information, please visit our website at [CookCountyDC.com](http://CookCountyDC.com) for the form, or contact our customer service center at 877-677-3678.

## Rollover

Please choose one option and then proceed to the Authorization Section

Rollover full plan account balance

Rollover part of the plan account balance: \$ \_\_\_\_\_ OR \_\_\_\_\_ %

Make check payable to: \_\_\_\_\_  
Financial Institution

For Benefit of: \_\_\_\_\_  
Name of Alternate Payee

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
City, State, & Zip Code

You must establish an account prior to requesting a transfer of assets to your new provider Please note that there are special requirements for naming an inherited IRA, when such an IRA is required. You should check with your IRA provider to ensure the inherited IRA, when necessary, is established properly.

**NOTE:** If you do not provide the address for your new financial institution we will mail your check to your address of record.

## Payment Method

Select One:

ACH Instructions on File - Send funds to my bank account that Nationwide has on file.

Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected)

I authorize NRS to send my payout check to me via overnight check to address of record for a fee of \$25 (We will deduct the \$25 from your account. Please also note, we can't offer overnight delivery to a PO Box and Saturday delivery may not be available in your area).

New Direct Deposit ACH (complete information below)

**Financial Institution Information:**

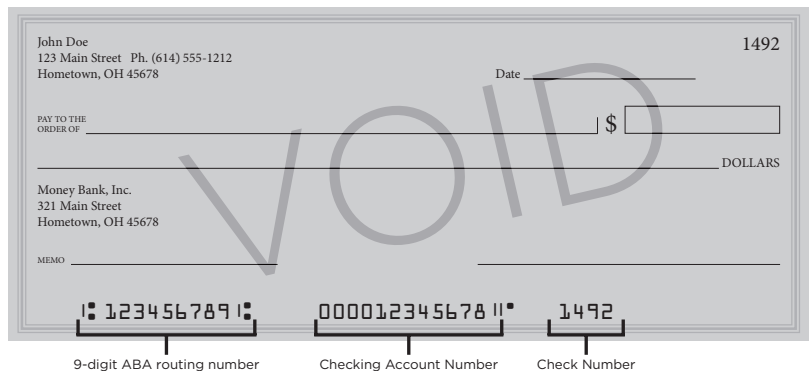
\_\_\_\_\_  
Financial Institution

Account Type:  Checking  Savings

If account type is not selected, checking will be used.

\_\_\_\_\_  
Transit/ABA routing Number

\_\_\_\_\_  
Account Number



**Account Verification:** The following documents are required to verify ownership of the account provided:

- **Checking Accounts:** Please include a pre-printed voided check with this authorization.
- **Savings Accounts:** Please include a letter from the bank, signed by a bank representative, which indicates the ABA routing number, the account number and the account holder's name for verification.

**NOTE:** Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip or starter check for banking numbers.

Is this account associated with a brokerage firm or other investment firm?  Yes  No

If yes, have you confirmed that the ABA and account numbers are correct?  Yes  No

I hereby authorize Nationwide to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Nationwide to make a corrective reversal from this account. Further, I agree not to hold Nationwide responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Nationwide receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Nationwide. **In the event this direct deposit authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.**

## Tax Withholding

**Federal Tax:** NRS will withhold federal tax as required by the IRS from the payment you choose. See the Special Tax Notice Regarding Plan Payments for specific tax information and IRS required withholding before completing. You may elect below to have no withholding from your required minimum distribution or systematic payments that last 10 years or more. The standard federal tax withholding rate for lump sums or systematic payments under 10 years, is 20%. **Please skip this section unless you would like a different amount or percentage to be withheld.**

I would like additional federal tax withheld above the IRS mandatory 20% in the amount of:

\$ \_\_\_\_\_ OR \_\_\_\_\_ %

I have a required minimum distribution or systematic payment lasting 10 years or more and would like federal tax withheld based on my election on Form W-4P

Do not withhold federal tax in accordance with my election of Form W-4P from my required minimum distribution or systematic payment lasting 10 years or more.

**State Tax:** State taxes will be automatically withheld if you are a resident in a state that mandates state income tax withholding. If you would like to adjust your state taxes, please complete and attach a state tax withholding form. These forms can be obtained from the State web site; NRS does not supply these forms.

## Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

## Authorization

I certify that I have received and read the "Special Tax Notice Regarding Plan Payments" notice. If I elect to receive this distribution before the end of the 30-day minimum notice period, my signature on this election shall constitute a waiver of my rights to the 30-day notice requirement.

Federal income tax will be withheld from payments as required by the Internal Revenue Code.

If a lump sum or systematic withdrawal lasting less than 10 years is selected, 20% of the taxable portion of the distribution paid will be withheld for federal income taxes. State taxes will be withheld where applicable. State and Federal taxes withheld will be reported on a Form 1099R.

The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.

Beneficiary Signature:

Date:

## Form Return

By mail: Nationwide Retirement Solutions  
PO Box 182797  
Columbus, OH 43218-2797

By fax: 877-677-4329