



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

Beneficiary Information

Name: _____ SSN/TIN: _____
 Mailing Address: _____
 City: _____ State¹: _____ Zip: _____
 Date of Birth: _____ Email: _____
 Preferred Phone²: _____ Home Work Cell

¹ Nationwide will use the state provided in your mailing address as your state of residency for tax purposes.

² Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize Nationwide to contact you via telephone using automated technology to assist you with your account.

Participant Information

Name: _____ Account Number or SSN: _____
 Employer Name: 0035046-001 - Cook County 0035043-001 - Cook County Forest Preserve

Beneficiary Status (select only one among options listed on this and the following page)

Eligible Designated Beneficiary

Individuals who wish to qualify as an Eligible Designated Beneficiary must request this status when claiming the account, otherwise those individuals will be subject to the RMD rules applicable to Designated Beneficiaries. Your status is based on whether you qualify as an Eligible Designated Beneficiary as of the date of the death of the participant.

- Spouse**
- Individual with a Disability**

An individual will be considered disabled (within the meaning of IRC §72(m)(7) if that individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment (or if under 18 years of age, has a medically determinable physical or mental impairment that results in marked and severe functional limitations), and that can be expected to result in death or to be of long-continued and indefinite duration.

Please provide any of the following documentation:

- A copy of a letter from a licensed health care practitioner certifying that you qualify as disabled within the meaning of the statute
- IRS Form 1040 Schedule R
- Social Security Disability Benefit Verification Letter
- Any documentation from a state or federal agency which states that you have a disability within the meaning of the statute

- Individual with a Chronic Illness**

An individual will be considered as living with a chronic illness (within the meaning of IRC §7702B(c)(2) if that individual is unable to perform at least two of the six activities of daily living (ADLs) for a period of at least 90 days, due to loss of functional capacity OR requires substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairment and is certified by a licensed health care practitioner.

- Please provide a copy of a letter from a licensed health care practitioner certifying that you qualify as chronically ill within the meaning of the statute. **Individual not more than 10 years younger than Participant**

- Minor Child of Participant**

An individual may qualify as the child of a participant if that individual is:

- is the biological or adopted child of the participant; and
- has yet to reach 21 years of age.
- Please provide a copy of the child's birth certificate or order granting the adoption

Designated Beneficiary

- Spouse or other Eligible Designated Beneficiary (if electing application of "10-year rule")**
- Individual other than an Eligible Designated Beneficiary**

Beneficiary Status (continued)**Non-Designated Beneficiary**

- Estate
 Charity
 Other Organization

Living or Testamentary Trust

- A trust

If a trust qualifies as a “see-through” trust, the beneficiaries may be treated as Designated Beneficiaries or Eligible Designated Beneficiaries, as applicable. If the trust does not qualify as a “see-through” trust, the trust will be treated as a Non-Designated Beneficiary. The beneficiary classification determine how RMDs are calculated.

Please provide a copy of the trust document, will, or Certification of Trust.

Name of Trustee: _____

Qualified “see through” Trust Status (select appropriate answer to questions)

- Does the trust qualify as a “see-through” trust within the meaning of Treasury Regulation § 1.401(a)(9)-4?
 Yes No Unknown
- Please provide the names, dates of birth, and beneficiary status (including specific EDB status outlined above) for all beneficiaries of the trust. If the beneficiary status requires validation, please provide the documentation.

Name	Date of Birth	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed, please provide on a separate sheet.

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 1-877-677-3678.

Surviving Spouse:

If you are the spouse of the Participant and the Participant had not attained age 73, you may defer your initial benefit payment to the later of:

- December 31 of the calendar year immediately following the calendar year in which the Participant’s death occurred,
OR
- December 31 of the calendar year in which the Participant would have attained age 73.

If you are the spouse of the Participant and the Participant had attained age 73, you may defer your initial benefit payment until December 31 of the calendar year immediately following the calendar year in which the Participant’s death occurred.

Eligible Designated Beneficiaries:

Eligible Designated Beneficiaries, other than the Participant’s spouse, may defer the initial benefit payment until December 31 of the calendar year immediately following the calendar year in which the Participant’s death occurred.

An Eligible Designated Beneficiary may also elect application of the “10-year rule” if the Participant died before reaching their Required Beginning Date. The “10-year rule” does not require any annual distributions, but the beneficiary must receive their benefit by December 31 of the 10th calendar year following the calendar year in which the Participant’s death occurred. If you wish to elect application of the “10-year rule,” please select this option under the Designated Beneficiary status section above.

Designated Beneficiaries:

Designated Beneficiaries may defer the initial benefit payment until:

- December 31 of the calendar year immediately following the calendar year in which the Participant’s death occurred, if the Participant died after reaching their Required Beginning Date.
- December 31 of the 10th calendar year following the calendar year in which the Participant’s death occurred, if Participant died before reaching their Required Beginning Date.

Beneficiary Instructions for Payout (continued)

Non-Designated Beneficiary:

An estate, non-qualified trust, charity, or other organization may defer the initial benefit payment until:

- December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred, if the Participant died after reaching their Required Beginning Date.
- December 31 of the 5th calendar year following the calendar year in which the Participant's death occurred, if Participant died before reaching their Required Beginning Date.

Payout Options (select one)

All funds will be withdrawn on a pro-rata basis across the selected accounts within the plan.

1. Defer Payment:

- I am not required to receive a benefit payment at this time. I wish to defer payments to a later date.
- If selected, proceed to the Authorization section.
 - Additional information on deferred payments can be found in the following section Deferred Payment Guidelines.

2. One-Time Payment to be paid directly to you:

- Total account balance:** (100%) If you select this option, you will be liquidating your entire account.
- Partial distribution:** \$_____ (minimum \$25 including tax withholding)

NOTE: Check your Plan Document; some plans require a \$1,000 minimum for a partial one-time payment.

3. Direct Rollover to an Individual Retirement Account (IRA) or Eligible Retirement Plan:

- Total account balance:** (100%) If you select this option, you will be rolling over your entire account.
- Partial rollover:** \$_____ OR _____%

The rollover check will be mailed to the new provider indicated below and made payable to them in your name.

A signed Letter of Acceptance from the new provider (financial institution) on their letterhead is required and MUST accompany this form to process your rollover request. If the rollover is to a Roth account, the Letter of Acceptance must mention the acceptance of Roth funds.

- I have requested that a Letter of Acceptance be sent to Nationwide from the receiving company.
- I am including the Letter of Acceptance from the receiving company with this form.

New Provider Information:

Provider Name: _____ Account Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

New Plan/Account Type (select one): IRA Roth IRA Qualified Plan 403(b) Governmental 457(b)

NOTE: Non-spousal Beneficiaries must roll over to an Inherited IRA. You should check with your IRA provider to ensure the inherited IRA is established properly.

4. Required Minimum Distribution (RMD):

- Defer initial payment until latest date on which Nationwide may process a RMD in compliance with the RMD rules applicable to this account.

For more information about this option or establishing systematic payments, contact the Nationwide Customer Solutions Center or visit nrsforu.com.

Deferred Payment Guidelines

Surviving Spouse:

If you are the spouse of the Participant and the Participant had not attained age 73, you may defer your initial benefit payment to the later of:

- December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred,
- OR**
- December 31 of the calendar year in which the Participant would have attained age 73.

If you are the spouse of the Participant and the Participant had attained age 73, you may defer your initial benefit payment until December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred.

Deferred Payment Guidelines (continued)

Eligible Designated Beneficiaries:

Eligible Designated Beneficiaries, other than the Participant's spouse, may defer the initial benefit payment until December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred.

An Eligible Designated Beneficiary may also elect application of the "10-year rule" if the Participant died before reaching their Required Beginning Date. The "10-year rule" does not require any annual distributions, but the beneficiary must receive their benefit by December 31 of the 10th calendar year following the calendar year in which the Participant's death occurred. If you wish to elect application of the "10-year rule," please select this option under the Designated Beneficiary status section above.

Designated Beneficiaries:

Designated Beneficiaries may defer the initial benefit payment until:

- December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred, if the Participant died after reaching their Required Beginning Date.
- December 31 of the 10th calendar year following the calendar year in which the Participant's death occurred, if Participant died before reaching their Required Beginning Date.

Non-Designated Beneficiary:

An estate, non-qualified trust, charity, or other organization may defer the initial benefit payment until:

- December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred, if the Participant died after reaching their Required Beginning Date.
- December 31 of the 5th calendar year following the calendar year in which the Participant's death occurred, if Participant died before reaching their Required Beginning Date.

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 for the form, or contact our customer service center at 1-877-677-3678.

Payment Method (select one)

NOTE: Direct Deposit ACH is not available to financial institutions outside of the United States.

- Mail Check:** Send check by first class mail to my address of record. Allow 5-10 business days from process date for delivery. If no other option is selected, your payment will be issued by check and mailed.
- Direct Deposit ACH Authorization:** Send funds to the financial institution indicated below.

Financial Institution Information:

Financial Institution Name _____ Account Type: Checking Savings
If account type is not selected, checking will be used.

Routing Number _____ Account Number _____

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 routing 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 income tax withholding:

Withholding election for direct payments:

There is a mandatory 20% withholding for federal income taxes. You may elect to withhold an additional percentage. If you wish to do so, please indicate this below.

- I wish to have a **different percentage of Federal Income Tax withheld**. At time of submission a W-4R Federal Tax Withholding Form is **required**. The current Form W-4R form can be found on the IRS website at www.irs.gov/forms-pubs-search.

NOTE: If we don't receive the Form W-4R, Nationwide will default to withholding taxes based on the current Internal Revenue Code (IRC) withholding rules.

Withholding election for RMD Payments

For RMDs, federal income taxes are withheld at the current IRC withholding rules. For RMD payments, federal income taxes are withheld at the current default rate of 10% unless you elect otherwise. If you wish a different withholding percentage, please select one of the options listed below.

- I elect to opt-out of federal income tax withholding; 0% withholding
- I wish to have a **different percentage of Federal Income Tax withheld**. At time of submission a W-4R Federal Tax Withholding Form (RMD) is **required**. The current Form W-4R can be found on the IRS website at www.irs.gov/forms-pubs-search.

NOTE: If we don't receive the Form W-4R, Nationwide will default to withholding taxes based on the current IRC withholding rules.

State income tax withholding: 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 completed and attach a state tax withholding form. These forms can be obtained from the State website, Nationwide does not supply these forms.

Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan distributions. FATCA does not apply as this is a U.S. account. Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number or Social Security Number listed 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 that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The Internal Revenue Service 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, and
4. The FATCA code(s) entered on this form (if any) indicating that I am 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: 1-877-677-4329
By email: rpublic@nationwide.com