



Personal Information

Participant:

Name: _____

Account Number: _____ SSN: _____

Beneficiary:

Name: _____

SSN: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State*: _____ ZIP*: _____

Preferred Phone Number: _____ Home Cell

Email: _____

How would you like to be contacted if additional information is required? Telephone Email

*NRS will use the state provided in your mailing address as your state of residency for tax purposes, unless instructed otherwise.

Distribution Source* (Select One Option)

- Employer Name:** 0035044-001 - Sec. 457(b) Deferred Compensation Plan
 0035044-002 - Sec. 3121 Social Security Replacement Plan (Dept. of Law and Board of Elections only)
 0035044-003 - Sec. 401(a) Match Plan

- Source:** Salary Reduction Rollover Rollover 457(b) Employer Match 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 pro rata. **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 72, 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 72.

If you are the Spouse of the Participant and the Participant had attained age 72, 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 72 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 72, whichever is later.

As a spousal beneficiary whose spouse was 72 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) (Minimum of \$25)

Fixed Period Payment

Account balance paid to you for the number of years selected. The actual of each payment dollar amount will vary depending on the earnings (gains/losses) your account experiences, and the duration requested.

Number of Years: _____ (1-30 years)

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 ChicagoDeferredComp.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 _____

The image shows a voided check form with the following details:

- Payee: John Doe, 123 Main Street, Hometown, OH 45678. Phone: (614) 555-1212.
- Date: _____
- Amount: \$ _____ DOLLARS
- Bank: Money Bank, Inc., 321 Main Street, Hometown, OH 45678.
- MEMO: _____
- Routing numbers: 123456789 (9-digit ABA routing number), 000012345678 (Checking Account Number), 1492 (Check 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

Withholding for Lump sum and Systematic Distributions lasting less than 10 years

Federal withholding: Taxes will be withheld based on the 402(f) special tax notice; 20% is required to be withheld for federal income taxes. You may withhold an additional amount over the 20% required. **Please skip this section unless you would like a different amount or percentage to be withheld.**

Line 1: Mandatory 20%

Line 2: Any additional amount _____% OR \$ _____

Add Line 1 Mandatory and Line 2 Additional for line 3 Total.

Line 3: Total federal withholding _____% AND \$ _____

State withholding: 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 website; NRS does not supply these forms.

Withholding for Systematic Distributions equal to or greater than 10 years (including Required Minimum Distribution):

NOTE: Taxes will be withheld based on the 402(f) special tax notice)

Required Minimum Distribution default of 10%

I elect to opt out of federal tax withholding (0%)

I would like to withhold _____% OR \$ _____ from each systematic payment

By completing this section, I understand my marital allowances will be "Married and 99 exemptions" to ensure NRS withholds the flat dollar amount or percentage I've elected.

I would like to have taxes withheld at the following tax table rates:

Married Single _____ Number of exemptions

Certification

I certify that under penalties of perjury 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.
(FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

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.

Signature: _____ **Date:** _____

Form Return

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

By fax: 877-677-4329