



Participant Information

Plan Name: City of Seattle Plan ID: 0056120001
Name:
Mailing Address:
City: State: ZIP:
Date of Birth: Phone:
Email:
How would you like to be contacted if additional information is required? Phone Email

Distribution Reason (select one)

- Severance of Employment Retirement Disability Required Minimum Distribution (RMD) In-Service*

*Must have attained the age of 59 1/2 OR have an account balance of \$5,000 or less, have made no contributions for two years, can't include rollovers, and have not received this type of withdrawal in the past.

NOTE: The terms of the Plan Document govern the availability of distribution types. All distribution types offered on this form may not be permitted under the terms of your Plan.

Payout Options (select one)

- 1. 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.
NOTE: Skip ahead to Payment Method section and complete the form. You don't need to complete Distribution Source section since you have elected for your total account balance to be paid to you.
Partial distribution: \$ (minimum \$25.00 including tax withholding)

- 2. Systematic Payments (select only one frequency and EITHER Fixed Amount OR Fixed period, not both):
Frequency: Monthly Quarterly Semi-Annually Annually Start Date:
NOTES: If Frequency is not selected, payments will be made monthly. If Start Date is not provided, the payment start date will be the date your request is processed.
Fixed Amount \$ (minimum \$25.00 including tax withholding)
Total account balance paid to you in increments of the specified amount 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) for your account.
Include the cost of living adjustment (COLA)
Fixed Period years (1 - 30, in whole years only)
Total account balance paid to you for the number of years selected. The actual dollar amount will vary depending on your account earnings (gains/losses), and the duration requested.
Calculation method (select one):
If no calculation method is selected, calculations will default to the Standard method, Annually.
Standard: Annually OR Per Pay Period
Assumed Growth Rate: Cost of living adjustment (COLA) 3% 4% 5% 6% 7% 8% 9%

- 3. Life Expectancy and Lifetime Payment:
Frequency: Monthly Quarterly Semi-Annually Annually Start Date:
NOTES: If Frequency is not selected, payments will be made monthly. If Start Date is not provided, the payment start date will be the date your request is processed.
Calculation method (select one):
Life Expectancy/Joint Life Expectancy: Life Expectancy OR Joint Life Expectancy*
Lifetime/Joint Lifetime: Lifetime OR Joint Lifetime*
*Based on the joint life expectancy of you and your primary beneficiary at the time of calculation. Please provide the Primary Beneficiary's Date of Birth: (mm/dd/yyyy)

Distribution Source (select one)

If an option is not selected, your assets will be distributed from all money sources and investment funds (pro-rata). If you indicate a percentage, you must use whole percents only.

1. Proportionately from all sources and funds (pro-rata)

2. From Specific Sources* (indicate all that apply)

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

3. From Specific Funds (please list funds)

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

*Distributions from rollover and Roth sources may be subject to an additional excise tax.

Payment Method (select one)

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

Direct Deposit ACH on file: Send funds to my bank account that Nationwide has on file.

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.

Overnight Check: I authorize Nationwide to send my payout check to me via overnight check to my address of record for a fee of \$25 deducted from my account. PO Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2-4 business days from process date for delivery.

New Direct Deposit ACH Authorization: Send funds to the financial institution indicated below.

Financial Institution Information:

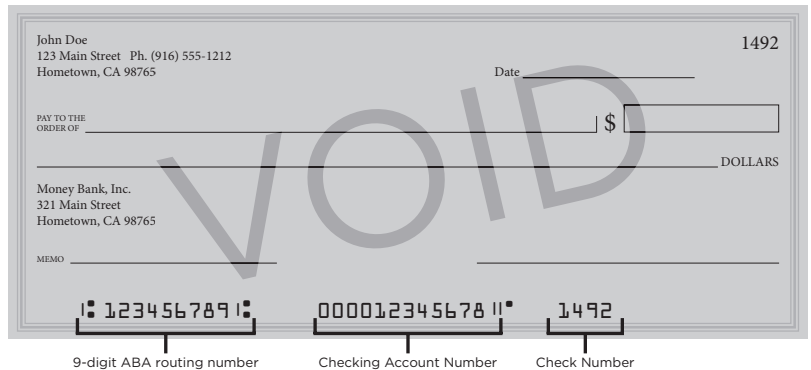
_____ Financial Institution Name

Account Type: Checking Savings

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

_____ Routing Number

_____ Account Number



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 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 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.**

Important Information for Self-Directed Brokerage Accounts

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.

If you would like to confirm or update your beneficiary information, please visit cityofseattledeferredcomp.com or contact our Customer Solutions Center at 1-855-550-1757.

Tax Withholding

Federal income tax withholding:

Withholding election for direct payments and systematic payments lasting less than 10 years:

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 an additional percentage of Federal Income Tax withheld. At the time of submission, a Form 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 systematic payments lasting 10 years or more or RMD payments:

For systematic payments lasting 10 years or more, 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

OR

- I wish to have a different percentage of Federal Income Tax withheld. At the time of submission, a Form W-4P Federal Tax Withholding Form (systematic payments lasting 10 years or more) or the Form W-4R Federal Tax Withholding Form (RMD payments) is **required** at time of submission. The current Form W-4P and 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-4P or 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 complete 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

By signing this form, I understand and certify the following:

1. If I have an outstanding loan and I am requesting a total distribution of my account, the outstanding loan balance will be part of this total distribution and may be reported as taxable income to the IRS on form 1099-R. Any pending loan payments may delay the processing of this withdrawal.
2. Rollover contributions to governmental 457(b) plans that originated from qualified plans, IRAs and 403(b) plans are subject to the early distribution tax that applies to 401(a)/401(k) plans unless an exception applicable to 401(a)/401(k) plans applies.
3. Rollover contributions are subject to the Required Minimum Distribution (RMD) rules of the plan they are rolled into, not the plan or IRA from which they came.
4. Federal income tax withholding will be reported on a form 1099-R.
5. The terms of the Plan Document will control the amount and timing of any payment from the Plan.
6. If I elect to receive this distribution before the end of the 30 day minimum notice period, my signature on this election form shall constitute a waiver of my rights to the 30 day notice requirement, if applicable.
7. I have received and read the 402(f) Special Tax Notice Regarding Plan Payments located in the Forms section at cityofseattledeferredcomp.com. This notice summarizes the federal (not state or local) tax rules which may apply to my distribution and explains how I can continue to defer federal income tax on my retirement plan savings in the Plan. It contains important information for me to review before I decide how to receive my Plan benefits.
8. I authorize the distribution as elected above.

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

Participant Signature: _____ **Date:** _____

Contact the Customer Solutions Center at 1-855-550-1757 to request a free hard-copy of the 402(f) Special Tax Notice.

Form Return

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

Fax: 1-877-677-4329

Email: rpublic@nationwide.com

Did you remember to:

- Select a payout option and payment method?
- Sign and date the form?
- Include all pages in the return envelope?