



The City of Seattle
Voluntary Deferred Compensation Plan
Outgoing Rollover Request

Overview

Nationwide Retirement Solutions (Nationwide) adheres to the USA Patriot Act's Anti-Money Laundering program requirements. Nationwide actively monitors and prohibits illegal money laundering of concealed funds generated from a criminal enterprise.

Please complete all sections of this form. All information on this document must be completed and returned to Nationwide Retirement Solutions in order to be processed. If you require assistance in completing this form or need additional information, please contact us at 855-550-1757.

Account Holder Information

Plan Name: City of Seattle Voluntary Deferred Compensation Plan and Trust	Plan ID: 0056120001
Name:	SSN or Account Number:
Mailing Address:	Date of Birth:
City, State, & ZIP:	
Primary Phone #:	Phone Number:
Email Address:	
How would you like to be contacted if additional information is required? <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

Rollover funds from (Select Source)*: All Employee Pre-Tax Rollover Pre-Tax Roth Other: _____

*If a source is not listed, your funds will be disbursed prorata. If you would like to roll funds over from a specific fund only, please attach a written request to this effect.

New Carrier Information

A Letter of Acceptance from the new carrier (financial institution) is required and MUST accompany this form to process your rollover request. A check will be made payable to new carrier. If the rollover is to a Roth account the letter of acceptance must mention the acceptance of Roth funds.

New Carrier:	Account #:
Mailing Address:	
City, State, & ZIP:	
Contact Name:	Phone #:
Select New Plan Type: <input type="checkbox"/> IRA <input type="checkbox"/> Qualified Plan <input type="checkbox"/> 403(b) <input type="checkbox"/> Governmental 457(b)	
Amount or Percentage of Rollover: \$	%

Overnight Check Option

Overnight check to the address of record for a fee of \$25. Nationwide will deduct the \$25 from your account. Please also note, we can't offer overnight delivery to a P O Box and Saturday delivery may not be available in your area.

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 AUTHORIZE A ROLLOVER OF MY FUNDS TO THE PROVIDER OF THE RETIREMENT PLAN DESIGNATED ABOVE. I certify that the plan is eligible to accept this distribution. Some states require that I am advised that any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

I certify that I have read and received the attached Special Tax Notice Regarding Plan Payments. 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.

PLEASE NOTE: If you are over 70½ years of age, you will be subject to a Required Minimum Distribution prior to your funds being rolled-over.

This transaction will be reported on a Form 1099-R.

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 (required):	Date (required):
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Form Return

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

By fax: 877-677-4329

Overnight Address: Nationwide Retirement Solutions
3400 Southpark Place, Suite A
DSPF-F2
Grove City, OH 43123-4856