



Plan Type

Select Plan Type: 457(b) Plan 401(a) Plan
(If you select both plan types, assets will be withdrawn prorata from each of your accounts.)

Beneficiary & Plan Participant Information

Beneficiary (select one): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse	Name of Plan:
Participant Name:	Participant SSN:
Beneficiary Name:	Beneficiary SSN:
Mailing Address:	Date of Birth:
City, State, & Zip Code:	Phone Number:

Beneficiary Instructions for Payout

Submit a certified copy of the death certificate 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.

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.

Option 1

Cash Withdrawal

To receive a cash withdrawal, please select one option:

- Lump sum for the entire account balance.
- Partial withdrawal in the amount of \$_____.

Payout Options (continued)

Option 1 (continued)

Systematic Withdrawal: If you are currently receiving a systematic withdrawal, please note that all of your assets under the plan, including rollover accounts, will be included in your new systematic withdrawal election.

To begin a Systematic Withdrawal, please select one option:

Payment Frequency: Monthly Quarterly Semi-Annually Annually

1. Fixed amount of \$ _____

2. Fixed period of _____ years (1-30), not to exceed your life expectancy

3. Life Expectancy - Payment amount calculated based on your life expectancy at time payments are initiated.

Option 2

Rollover

(Please complete this section, and then proceed to the Authorization Section)

Rollover full plan account balance **OR**

Rollover part of the plan account balance: \$ _____

Make check payable to: _____
Financial Institution

For Benefit of: _____
Name of Beneficiary

You must establish an account prior to requesting a transfer of assets to your new provider. Please provide a signed letter of acceptance from your new provider with this claim form.

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.

Beneficiary Designation

PLEASE NOTE: Percentage split must total 100% for each category of beneficiary.

If additional space for beneficiaries is required, attach additional sheets and mark this box:

Primary Beneficiary(ies) (must total 100%):

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split
Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Total = 100%

Contingent Beneficiary(ies) (must total 100%):

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split
Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Total = 100%

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)
- Direct Deposit ACH (complete information below)

Financial Institution Information:

Bank Name _____

ABA (routing) Number _____

Account Number _____

Account Type: Checking Savings

NOTE: If left blank, we will default to checking.

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.

John Doe
123 Main Street Ph. (614) 555-1212
Hometown, OH 45678

Date _____

1492

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

Money Bank, Inc.
321 Main Street
Hometown, OH 45678

MEMO _____

⑆ 123456789 ⑆ 000012345678 ⑆ 1492

9-digit ABA routing number Checking Account Number Check Number

Tax Information

Indicate your distribution method by choosing option A or B:

- Option A:** I am taking a systematic withdrawal of less than ten years, a Full Distribution, or a Partial Distribution. The IRS requires Nationwide withholds 20% of the distribution. If you would like us to withhold a greater amount, please indicate that amount below:

_____ % (must be a whole percentage above 20%)

- Option B:** I am taking a systematic withdrawal of 10 years or longer or a required minimum distribution. The IRS does not require a specific withholding rate; 10% will be withheld unless you choose an option below.

_____ Please withhold the default 10% federal income tax

_____ Please do not withhold taxes

_____ I request a withholding rate of more than 10% _____% (any whole percentage above 10%)

Federal Withholding: The amount of federal income tax that is withheld depends on which benefit payment option you select. Distribution selections within Option A are subject to a mandatory 20% federal income tax withholding. Distribution selections within Option B are not subject to a mandatory withholding, however 10% will be withheld as a default unless another option is selected. If you need more information concerning federal income tax withholding, please review the enclosed Special Tax Notice.

State Withholding: State taxes will automatically be 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 as 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

As the named beneficiary, I hereby elect the payout indicated above. I certify that I have received the "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 shall constitute a waiver of my rights to the 30-day notice requirement.

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

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:
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Plan Sponsor Authorization (401(a) only)

I authorize the withdrawal of retirement plan benefits as requested by the beneficiary and attest to the accuracy contained herein.

I authorize the distribution of retirement plan benefits in a single sum payment based on the plan's cash out withdrawal provisions. I understand that the cash out withdrawal provision may only be used if the vested benefits do not exceed \$1,000.

The request for withdrawal of retirement plan benefits is a claim for death benefits.

I acknowledge that I have reviewed the Beneficiary Designation form on file and authorize the withdrawal of such benefits as requested by the beneficiary on the information and certification contained herein.

Benefits being paid to (check one): Spouse Non-Spouse Guardian Participant's Estate

Percentage of total account to this Beneficiary: _____%

For Checks Mail to: Beneficiary Rollover Company
(address on page 1) (address on letter of acceptance)

Plan Sponsor Signature:	Date:
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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
DSPF-F2
3400 Southpark Pl Ste A
Grove City, OH 43123-4856