



Public Safety Personnel Defined Contribution Retirement Plan 401(a) 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 1-855-297-8228.

Personal Information

Name: _____

SSN: _____ Date of Birth: _____ Primary Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

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

Rollover Funds From (select one)

NOTE: If you want to rollover 100% of your account balance, select Option 1 and enter '100' in the percent field. Amounts must be in whole percentages.

Please complete the Employer Information section and Authorization section.

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

\$ _____ or _____%

2. From Specific Sources (indicate all that apply)

Salary Reduction \$ _____ or _____%

Rollover Pre-Tax \$ _____ or _____%

Rollover 457 \$ _____ or _____%

3. From Specific Funds (please list funds)

_____ \$ _____ or _____%

_____ \$ _____ or _____%

_____ \$ _____ or _____%

Employer Information

This section is to be completed by your Plan Sponsor's Payroll/Personnel Department.

Employer Name: _____ Date: _____

Date of Severance from Employment: _____ Phone: _____

Position & Title of Authorized Personnel: _____

Signature of Authorized Personnel: _____

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. If the rollover is to a Roth account the Letter of Acceptance must mention the acceptance of Roth funds.

The Rollover check will be made payable to the new carrier For the Benefit Of (FBO) your name, and mailed to the carrier indicated below.

Check here if you would like the check mailed to your address of record.

Carrier 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)

Overnight a check to the new carrier for a fee of \$25.00 which will be deducted from your account. Please note, we cannot offer overnight delivery to a PO Box and Saturday delivery may not be available in the requested 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. I acknowledge that this transfer may be subject to surrender charges as provided in the annuity contract.

I certify that I have received the Special Tax Notice Regarding Plan Payments. This notice explains how you can continue to defer federal income tax on your retirement plan savings in the Plan and contains important information you will need before you decide how to receive your Plan benefits. This notice summarizes only the federal (not state or local) tax rules which may apply to your distribution. 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.

NOTE: If you are over 72 years of age, you will generally be required to take 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): _____

Form Return

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

By fax: 1-877-677-4329

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