



Personal Information

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

Distribution Reason

In-Service Withdrawal of Rollover Assets

Distribution Source* (Select One Option)

- Proportionately (Default Option) Rollover Source Specific Fund Specific

NOTE: If source specific or fund specific option selected, please indicate which Rollover source(s) or fund(s):

Rollover Source	Amount or %**	Fund Name	Amount or %**

*If a rollover source is not listed, your funds will be disbursed prorata across all rollover sources.

**Amounts must be in whole percentages

Payout Options

- One-Time Payment** Specify the dollar amount or percentage of your account to be paid directly to you:
 - Total account balance
 - Partial amount of \$_____ (Minimum of \$25)(Amount including tax withholding)
- Direct Rollover Plan Designation To Another Eligible Retirement Plan**
Note: If you choose this section please skip to the Authorization section.
 Name of Plan: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone Number: _____
 Dollar Amount or Percentage of Rollover: _____

Payout Options continued on Page 2

Payout Options (continued)

3. Periodic Payments (select only one frequency and type):

Frequency: Monthly Quarterly Annually Start Date: _____

NOTES: If no payment frequency is 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 \$ _____ (Amount including tax withholding)

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.

Please check to include the cost of living adjustment (COLA)

Fixed Period Payment

Account balance paid to you for the number of years selected. The actual dollar amount will vary depending on the earnings (gains/losses) your account experiences, and the duration requested. You must choose a calculation method for your payment. If no calculation method is selected, payments will default to the standard method with annual calculations.

Number of Years: _____ (1-30 years)

Please select a calculation method:

Standard: Annually (Default Option) **OR** Per Pay Period

Assumed Growth Rate: Cost of living adjustment (COLA) 3% 4% 5% 6% 7% 8% 9%

Life Expectancy and Lifetime Payment

Please select a calculation method:

Life Expectancy / Joint Life Expectancy*: Life Expectancy **OR** Joint Life Expectancy*

Lifetime / Joint Lifetime*: Lifetime **OR** Joint Lifetime*

*Joint Life and Joint Lifetime calculations will be based on the joint life expectancy of you and your primary beneficiary at the time of calculation.

Beneficiary Date of Birth (MM/DD/YYYY): _____

Important Information

Money Sources

Funds will be withdrawn equally across all rollover money sources and investment options for each requested distribution unless instructed otherwise. Distributions from rollover and Roth rollover sources may be subject to an additional excise tax.

Distribution Reasons

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.

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.

If you would like to confirm or update your beneficiary information, please visit our website at cityofseattledeferredcomp.com or contact our customer service center at 855-550-1757.

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). Allow 2 to 4 business days from process date for delivery.
- 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 from Money Bank, Inc. The check is addressed to John Doe at 123 Main Street, Hometown, OH 45678. The amount is \$1492. The check number is 1492. The routing number is 123456789. The account number is 000012345678. The check is dated and has a memo line. A large 'VOID' watermark is overlaid on the check.

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.

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 \$ _____

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

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.

NOTE: Backup withholding does not apply to retirement plan distributions. FATCA does not apply as this is a US account.

Authorization

By signing below, I hereby acknowledge the following information: 1. 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. 2. 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.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. If you select a lump sum or systematic withdrawal lasting less than 10 years 20% of the taxable portion of the distribution paid to you will be withheld for federal income taxes. You must submit a Form W-4P (available at irs.gov), if you select a different form of distribution. Federal taxes withheld will be reported on a form 1099-R.

I consent to a distribution as elected above. I understand that the terms of the plan document will control the amount and timing of any payment from the plan. Further, 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.

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

Did you remember to:

- Select a payment method, frequency, and receipt date?
- Sign and date the form?
- Include all pages in the return envelope?