



City of Baltimore 401(a) Retirement Savings Plan and 457(b) Deferred Compensation Plan Beneficiary Distribution Form

Personal Information

Plan Type: [] 457(b) [] 401(a) NOTE: If a plan type is not selected, processing will be delayed.

Participant Information:

Name: _____ Account Number or SSN: _____

Beneficiary Information:

Name: _____ SSN/TIN: _____

Mailing Address: _____

City: _____ State¹: _____ Zip: _____

Date of Birth: _____ Email: _____

Preferred Phone²: _____ [] Home [] Work [] Cell

Relationship to participant: [] Spouse [] Non-Spouse

¹Nationwide will use the state provided in your mailing address as your state of residency for tax purposes.

² Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize Nationwide to contact you via telephone using automated technology to assist you with your account.

Payout Options (select only one)

Option 1: Defer Payment - If you are not required to receive a benefit payment at this time and wish to defer payments to a later date, select one option below and proceed to the Authorization section.

- [] As a spousal Beneficiary whose spouse was less than 72 at the time of death, I elect to defer my initial payment until December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred, or until December 31 of the year that the Participant would have attained 72, whichever is later.
[] As a spousal Beneficiary whose spouse was 72 or older at the time of death, I elect to defer my initial payment until December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred.
[] As a non-spousal Beneficiary, I elect to defer my initial payment until December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred.

Option 2: Lump Sum Cash Withdrawal - One-time payment to be made directly to you. Select one option below.

- [] Entire account balance - (100%) If you select this option, you will be liquidating your entire account.
[] Partial withdrawal in the amount of \$_____

Option 3: Systematic Cash Withdrawal - Recurring payments made until the total account balance has been paid to you. Indicate your desired payment frequency and select one option below.

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

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.

- [] 1. Fixed amount of \$_____
[] 2. Fixed period of _____ years (1 - 30, in whole years only), not to exceed your life expectancy
[] 3. Life Expectancy - Payment amount calculated based on your life expectancy at the time payments are initiated.
[] 4. Required Minimum Distribution (RMD).
For more information on RMDs please visit: nrsforu.com/iApp/tcm/nrsforu/support/howdoi/comply_rmd.jsp

Payout Options (continued - select only one)**Option 4: Rollover** - complete this section and proceed to the Authorization section.**NOTE: Non-spousal Beneficiaries must rollover into an Inherited IRA.** You should check with your IRA provider to ensure the inherited IRA, when necessary, is established properly. Rollover entire account balance Rollover partial account balance: \$ _____ OR _____%

Make check Payable to (Financial Institution): _____

NOTE: You must establish an account with a new provider prior to requesting a transfer of assets. **A signed Letter of Acceptance from your new provider must be provided with this claim form in order to process your request.** I have requested that a Letter of Acceptance be sent to Nationwide from the receiving company. I am including the signed Letter of Acceptance from the receiving company with this form.**Beneficiary Designation****Complete only if you have selected a payment method other than Entire Account Balance.****IMPORTANT NOTES:**

- Beneficiaries listed below will replace any prior designation
- Allocations must total 100% for each category (primary and contingent)
- If you designate a single primary or contingent beneficiary and do not list a percentage, the allocation will be designated as 100%

 I have additional beneficiaries. To designate more than three of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.**Primary Beneficiary(ies)** (Allocations must total 100%):

Your vested account balance will be divided among your primary beneficiaries in the percentages specified below.

1. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

2. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

3. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

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

In the event that your primary beneficiaries predecease you, or are otherwise revoked by law or the plan document, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

1. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

2. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

3. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

Payment Method (select one)

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

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.

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

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.**

Income Tax Withholding

Federal income tax withholding: Taxes will be withheld based on the 402(f) special tax notice unless you elect otherwise.

Withholding election for direct payments and systematic payments (including RMD payments) lasting less than 10 years:

There is a mandatory 20% withholding (10% for RMD, Trusts and Estates) for federal income taxes. You may elect to withhold an additional amount.

Line 1: Mandatory 20 % (10% for RMD, Trusts and Estates)

Line 2: Any additional amount % OR \$

Add percents from Line 1 and Line 2 and carry down the dollar amount from Line 2 for line 3 Total.

Line 3: Total federal withholding % AND \$

Withholding election for systematic payments (including RMD payments) lasting 10 years or more:

Federal income taxes are withheld at the rate that applies to married with three allowances unless you elect otherwise

10% federal income tax withholding for RMD, Trusts and Estates

I elect to opt-out of federal income tax withholding; 0% withholding

I elect to withhold % OR \$ from each systematic payment

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.

Beneficiary Authorization (signature is required to process)

I authorize the 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 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. State and federal taxes withheld 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.

Signature: _____ Date: _____

Trustee/Executor (if required):

Signature(s): _____ Date: _____

Contact the Customer Solutions Center at 1-877-677-3678 to request a free hard-copy of the 402(f) Special Tax Notice.

Plan Sponsor Authorization for 401(a) Distributions - to be completed by the Plan Sponsor ONLY

I have reviewed the Beneficiary Distribution Request Form for the above named Beneficiary.

- 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 withdrawal provisions (participant and spousal consent not required). I understand that the cash withdrawal provision may only be used if allowed in the plan and the vested benefits do not exceed \$1,000.
- I authorize the distribution of retirement plan benefits as an automatic rollover to an IRA that I have established on behalf of the beneficiary based on the plan's cash withdrawal provisions (participant and spousal consent not required). I understand that this cash withdrawal provision may be used only if allowed in the plan and the vested benefits are between \$1,000 and \$5,000. 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 (select one): Spouse Non-Spouse Guardian Participant's Estate

Percentage of total account to this Beneficiary: _____%

For Checks Mail to: Beneficiary (address on Distribution Request) Rollover Company (address on Letter of Acceptance)

Plan Sponsor Signature: _____ Date: _____

Form Return

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

By Overnight Mail: Nationwide Retirement Solutions
3400 Southpark Pl Ste A - DSPF-F2
Grove City, OH 43123-4856

By Email: rpublic@nationwide.com

By Fax: 1-877-677-4329

Did you remember to:

- Sign and date the form?
- Complete the Participant and Beneficiary Information sections on page 1 in their entirety?
- Select only one payout option if you are choosing to take a distribution?
- Include a Death Certificate listing a cause of death if one is not already on file? (Please reference attached letter if we will need an Original Death Certificate)
- Include a Divorce Decree and Property Settlement Agreement if you were Divorced from the Participant?
- Provide a Letter of Acceptance if you selected the rollover option for either a Traditional IRA as a Spouse or an Inherited IRA if you are a non-spouse from the receiving company?
- Confirm you are sending all items that were requested on the included letter?