



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

Participant Information

Plan Type: 457(b) 401(a)
 Name: _____ SSN or Account #: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Phone: _____
 Email: _____
 How would you like to be contacted if additional information is required? Phone Email

Distribution Reason (select only one)

Severance of Employment Retirement Disability Required Minimum Distribution In-Service (457(b) only)

Employer Authorization

If this is your first distribution request, an Authorized Signer from your employer must complete this section.
 This section is **NOT** required for: 1) Participants with previous distributions from the plan; 2) Distributions from Deemed IRA's; and 3) Participants who are currently employed and age 72 or older.
 By checking the box, I hereby certify this employee is a Public Safety Officer as defined by the Defending Public Safety Employees Retirement Act and the IRC.

Authorized Representative:
 Name: _____ Phone: _____
 Signature: _____ Date: _____
 Position/Title: _____ Participant Severance Date: _____

Payout Options (select one - options continued on next page)

1. One-Time Payments to be paid directly to you:

Total account balance: (100%) If you select this option, you will be liquidating your entire account.
NOTE: Skip ahead to **Payment Method** section and complete the form. You don't need to complete **Distribution Source** section since you have elected for your total account balance to be paid to you.

Partial distribution: \$ _____ (minimum \$25.00 including tax withholding)
Partial distribution type*: Net (amount after tax withholding) Gross (total amount including tax withholding)
 *If an option is not selected, the amount requested will be gross with mandatory taxes withheld from this amount.

2. Systematic Payments (select only one frequency and EITHER Fixed Amount OR Fixed period, not both):

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.

Fixed Amount \$ _____ (minimum \$25.00 including tax withholding)
 Total account balance paid to you in increments of the specified amount 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) for your account.
 Include the cost of living adjustment (COLA)

Fixed Period _____ years (1 - 30, in whole years only)
 Total account balance paid to you for the number of years selected. The actual dollar amount will vary depending on your account earnings (gains/losses), and the duration requested.

Calculation method (select one):
 If no calculation method is selected, calculations will default to the Standard method, Annually.
 Standard: Annually **OR** Per Pay Period
 Assumed Growth Rate: Cost of living adjustment (COLA) 3% 4% 5% 6% 7% 8% 9%

Payout Options (select one - options continued from last page)**3. Life Expectancy and Lifetime Payments:****Calculation method (select one):**Life Expectancy/Joint Life Expectancy: Life Expectancy **OR** Joint Life Expectancy*Lifetime/Joint Lifetime: Lifetime **OR** Joint Lifetime*

*Based on the joint life expectancy of you and your primary beneficiary at the time of calculation. Please provide the

Primary Beneficiary's Date of Birth: _____ (mm/dd/yyyy)**Distribution Source (select one)**

If an option is not selected, your assets will be distributed from all money sources and investment funds (pro-rata). If you indicate a percentage, you must use whole percents only.

 1. Proportionately from all sources and funds (pro-rata) **2. From Specific Sources*** (indicate all that apply)

_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %

 3. From Specific Funds (please list funds)

_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %

*Distributions from rollover and Roth sources may be subject to an additional excise tax.

Payment Method (select one)**NOTE:** Direct Deposit ACH is not available to financial institutions outside of the United States. **Direct Deposit ACH on file:** Send funds to my bank account that Nationwide has on file. **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. **Overnight Check:** I authorize Nationwide to send my payout check to me via overnight check to my address of record for a fee of \$25 deducted from my account. PO Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2-4 business days from process date for delivery. **New Direct Deposit ACH Authorization:** Send funds to the financial institution indicated below.**Financial Institution Information:**

_____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name	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 NoIf 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) for federal income taxes. You may elect to withhold an additional amount.

Line 1: Mandatory 20 % (10% for RMD)

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

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.

Beneficiary Information

If you would like to confirm or update your beneficiary information, please visit our website at retirewithbmore.com or contact our customer service center at 1-855-826-5407.

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.

Authorization

By signing this form, I understand and certify the following:

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.
3. Federal income tax withholding will be reported on a form 1099-R.
4. The terms of the Plan Document will control the amount and timing of any payment from the Plan.
5. 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.
6. I have received and read the 402(f) Special Tax Notice Regarding Plan Payments. This notice summarizes the federal (not state or local) tax rules which may apply to my distribution and explains how I can continue to defer federal income tax on my retirement plan savings in the Plan. It contains important information for me to review before I decide how to receive my Plan benefits.
7. I authorize the distribution as elected above.

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: _____ **Date:** _____

Contact the Customer Solutions Center at 1-855-826-5407 to request a free hard-copy of the 402(f) Special Tax Notice.

Form Return

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

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

Email: rpublic@nationwide.com

Fax: 1-877-677-4329

DID YOU REMEMBER TO:

- Select a payout option and payment method?
- Sign and date the form?
- Include all pages in the return envelope, PDF, or fax?