



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/Transfer Funds From

401(a) Governmental 401(a) Qualified/Non Governmental 401(a) Drop
403(b) Governmental 403(b) Qualified/Non Governmental 457(b) Governmental
401(k) Governmental 401(k) Qualified/Non Governmental TSP (Thrift Savings Plan)
Roth 401(k) Roth 403(b)
Roth 457(b) Traditional IRA
Carrier/Custodian Name: Account Number:
Address:
City, State, Zip Code:
Contact Name: Contact Phone Number:

Rollover/Transfer Funds To

Plan Name: Maricopa County Plan Type: 457(b)
Make check payable to: Nationwide FBO (Participant Name, SS#, Acct#) Amount to Rollover/Transfer:
Mail check to: Nationwide Retirement Solutions PO Box 183150 Columbus, OH 43218
Partial Dollar Amount \$
Total Account Balance

457(b) to 457(b) Incoming Assets

Some 457(b) Plan documents allow participants who leave one employer and accept a position with a new employer, the option to TRANSFER or ROLLOVER the assets from the first employer. The choice of transfer or rollover will determine when the assets are available for distribution from your NRS account.
I have severed from employment from my previous employer on (date).
The difference between a transfer and rollover:
Following a Transfer, withdrawal of assets is permitted only when the account holder experiences a distributable event. (e.g. Severance of employment or age 72.)
Following a Rollover, withdrawal of assets is permitted at any time pursuant to the account holder's request.
Please make your selection: TRANSFER ROLLOVER

Investment Direction to Nationwide

- Allocate my rollover/transfer according to the current allocation on file
- Allocate my rollover/transfer as listed below:

Investment Option

- 1. _____ Percent: _____%
 - 2. _____ Percent: _____%
 - 3. _____ Percent: _____%
- Percent must total 100%:** _____%

*If you do not indicate your allocation choices, your rollover will be credited to your current allocation.

*Additionally, if you select an investment option that is closed, your rollover/transfer will be credited to the Plan's default investment option.

Authorization

By signing below, I understand that my Rollover/Transfer will become subject to the terms and conditions of the plan. I certify that this Rollover represents an amount which is eligible for Rollover, and is from an eligible retirement plan. Nationwide Retirement Solutions is entitled to rely fully on my certification. I expressly assume responsibility for the eligibility of this Rollover/Transfer and any tax consequences relating to this Rollover/Transfer.

I hereby request my funds to be allocated and invested as directed on this form. I understand some mutual funds may impose a short term trading fee. Investing involves market risk. No investment strategy can guarantee a profit or avoid losses. Please read the underlying fund prospectuses carefully.

Nationwide Retirement Solutions hereby agrees to accept the Rollover/Transfer described herein and upon receipt will deposit the proceeds within five business days in your account.

Signature: _____ **Date:** _____

Retirement Specialist Name (Print): _____ Date: _____

Please note: *A Medallion Signature Guarantee may be required.

Please contact your surrendering financial institution to confirm.



Form Return

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

By fax: 1-877-677-4329
By email: rpublic@nationwide.com