



Nationwide Retirement Solutions

Coronavirus-Related Distribution Request for Governmental Plans and Nationwide Trust Company IRAs

This form is to be used for a distribution made available under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Available for participants only through December 30, 2020.

Participant Information

Name: _____

Date of Birth: _____ SSN or Account Number: _____

Street Address: _____

City: _____ State¹: _____ ZIP: _____

Phone²: _____ Email: _____

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

¹NRS 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 the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

Plan Type (select one)

457(b) 401(k) 401(a) 403(b) Traditional IRA Roth IRA OBRA

If you indicated 401(a):

Employment status with the employer sponsoring the Plan: Employed Separated from service

NOTE: 401(a) Money Purchase Plans may have additional restrictions based on account status and/or age.

Payment Amount

Total Account Balance OR Other Amount: \$ _____

NOTE: An amount must be provided and cannot exceed the lesser of 100% of the vested balance or \$100,000 total across all plans maintained by the Employer.

Redeposit option - You may have the option to redeposit this amount back into your Plan account by December 31, 2022. Please consult with a tax advisor for more information regarding redeposit and tax treatment. For Plan specific information, please check with your Plan Administrator.

Distribution Direction (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. Distributions will be withdrawn only from 100% vested sources.

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 _____%

Important Information

Money Sources

Funds will be withdrawn equally across all money sources and investment options for each requested distribution unless instructed otherwise.

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.

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)
- New Direct Deposit ACH** (complete information below)

Financial Institution Information:

Financial Institution Name _____

Account Type: Checking Savings

If account type is not selected, checking will be used.

Transit/ABA routing Number _____

Account Number _____

John Doe
123 Main Street Ph. (916) 555-1212
Hometown, CA 98765

Date _____ 1492

PAY TO THE ORDER OF _____ \$ _____

Money Bank, Inc.
321 Main Street
Hometown, CA 98765

MEMO _____

1 123456789 1 000012345678 1 1492

9-digit ABA routing number Checking Account Number Check Number

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.**

Income Tax Withholding

Federal Income Tax Withholding: A 10% income tax will be withheld unless you elect otherwise below.

No Withholding Other Withholding Amount: _____%

State Income Tax Withholding: State 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

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.

Participant Coronavirus Certification and Distribution Authorization

By signing this form, I certify that I meet at least one of the qualifications for a distribution as defined under the CARES Act Section 2202(a)(4)(A) summarized below:

1. I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or
2. My spouse or my dependent have been diagnosed with such virus or disease by such a test; or
3. I, my spouse, or a member of my household (someone who shares my principal residence) have experienced adverse financial consequences stemming from such virus or disease as a result of:
 - i. Being quarantined, furloughed or laid off, or having work hours reduced; or
 - ii. Being unable to work due to lack of child care; or
 - iii. The closing or reduction of hours of a business I/we own or operate; or
 - iv. Having pay (or self-employment income) reduced, having a job offer rescinded or start date for a job delayed.

Any state or federal income 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.

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 (required): _____ Date: _____

NOTE: Adobe Signature is not permitted.

NOTE: The full text of the CARES Act can be found at <https://www.congress.gov/bill/116th-congress/house-bill/748/text>

Form Return

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

By email: rpublic@nationwide.com

By fax: 877-677-4329

Did you remember to:

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