



Nationwide Retirement Solutions

2020 CARES Act Required Minimum Distribution Rollover

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law on March 27, 2020. Sec. 2203 of the CARES Act waives Required Minimum Distribution (RMD) due in or for calendar year 2020 for certain retirement plans including 401(k), 403(b), governmental 457(b) plans.

Plan Information

Plan Name: _____ Plan Number: _____

Participant Information

Name: _____

Date of Birth: _____ SSN or Account Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone¹: _____ Email: _____

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

¹ 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.

Temporary Changes to RMD Rules per the CARES Act

As a plan participant, you may but are not required to receive an RMD due in or for 2020. This includes deferred RMDs for 2019. Nationwide and your Plan Sponsor may have ceased distributing any and all RMDs after the CARES Act was enacted for the remainder of 2020.

If you received RMD(s) this year, you may be eligible to roll over the RMD(s) back to your retirement plan.

For all RMD rollovers:

- The rollover will be processed as soon as administratively possible once the personal check and this completed form have both been received in good order;
- The rollover will be applied to your account as rollover source funds using your current investment allocation; and
- You may roll over any amount up to the gross amount of the original distribution.

RMD Return Options (select one)

- I am enclosing a personal check to roll over the rollover eligible payments that I have received this year from my plan account to satisfy my 2020 RMD.
- I am enclosing a personal check to roll over the rollover eligible payments that I have received this year from my plan account to satisfy **both** my 2020 RMD and my deferred 2019 RMD.
- I am enclosing a personal check to roll over the rollover eligible payments that I have received this year from another eligible retirement plan.

Previous Plan and Plan Administrator Information (continued on next page)

Complete this section **ONLY** if you are rolling over an eligible RMD you received from an eligible retirement plan. Please include a copy of any document which shows you received the distribution from the eligible retirement plan.

Carrier/Custodian Name: _____ Account Number: _____

- Plan Type:
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 401(a) | <input type="checkbox"/> 401(k) | <input type="checkbox"/> 403(b) | <input type="checkbox"/> Governmental 457(b) |
| <input type="checkbox"/> 401(a) Roth* | <input type="checkbox"/> 401(k) Roth* | <input type="checkbox"/> 403(b) Roth* | <input type="checkbox"/> Governmental 457(b) Roth* |
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Deemed Traditional IRA | <input type="checkbox"/> TSP (Thrift Savings Plan) | |
| <input type="checkbox"/> Roth IRA* | <input type="checkbox"/> Deemed Roth IRA* | | |

Date of Distribution: _____

Full Amount of Distribution (including withheld taxes): \$ _____

Amount to Roll Over (amount may not exceed full amount of distribution above): \$ _____

Previous Plan and Plan Administrator Information (continued)

*If Roth, please provide:

Roth cost basis (total contributions without earnings): \$ _____

First year of Roth contributions: _____

Acknowledgment and Authorization

By returning this form, I acknowledge that I am electing to waive my entire Required Minimum Distribution for the year 2020, per allowance in the CARES Act. I am providing payment back to Nationwide for rollover eligible 2020 RMD amounts received, and requesting it to be redeposited into my plan account.

I understand that any payments Nationwide receives for RMD amounts that are: (1) not eligible for redeposit; or (2) above the required minimum amount for RMD; or (3) received by Nationwide after 8/31/2020 or 60 days after the date of the original RMD payment, whichever is later, are excluded from being paid back to my account and will be returned to me.

I request this amount be redeposited to my account in accordance with the terms stated above, and I elect to suspend any additional RMDs through December 31, 2020.

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>

Submission Instructions

If payment is enclosed, send check and completed form:

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

Make check payable to: *Nationwide Retirement Solutions*

If no payment is enclosed, send the completed form:

By fax: 877-677-4329