



Nationwide Retirement Solutions
Coronavirus-Related Distribution Repayment
Incoming Assets Form

Phone: 877-677-3678 • Fax: 877-677-4329 • Email: rpublic@nationwide.com

Personal Information

Employer Name: _____ Employer Number: _____
Name: _____ SSN or Account Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Home Phone: _____ Work Phone: _____
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 [] 457(b) Governmental
[] 403(b) Governmental [] 403(b) Qualified/Non-Governmental [] Traditional IRA
[] 401(k) Governmental [] 401(k) Qualified/Non-Governmental [] Deemed Traditional IRA
[] 401(a) Drop [] Other: _____
Carrier/Custodian Name: _____ Account Number: _____

Rollover/Transfer Information of Coronavirus-Related Distribution Repayment

Original Distribution Date (between January 1, 2020 and December 30, 2020): _____
Original Full Amount of Distribution: \$ _____

Rollover/Transfer Funds To

Plan Name: _____ Plan Type: _____
Amount to Rollover: \$ _____
• Amount cannot exceed the Original Full Amount of Distribution listed above (up to \$100,000)
• Amount cannot include any ROTH funds; These amounts would need to be repaid to a ROTH IRA

Make check payable to: Nationwide Mailing Address: Nationwide Retirement Solutions
PO Box 183150
Columbus, OH 43218

Investment Direction to Nationwide

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

NOTE: 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 Nationwide Money Market Fund.

Table with 2 columns: Investment Option, Percent. Includes a row for 'Must total' with '100%'.

Self-Certification and 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.

By signing below, I certify my Rollover/Transfer is from a Coronavirus-Related Distribution (CRD) and does not exceed the total amount taken for this type of request. I understand that my Rollover/Transfer will become subject to the terms and conditions of the plan. I certify that I satisfy the requirements for making this Rollover/Transfer and this represents an amount which is eligible for Rollover/Transfer. 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 and I agree Nationwide Retirement Solutions will not be responsible for those tax consequences.

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. Please read the underlying fund prospectuses carefully.

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

These repayments must be made within 3 years of receipt of a Coronavirus-Related Distribution.

Participant Signature: _____ **Date:** _____