



Qualified Birth or Adoption Distribution Request Form

Phone: (855) 616-4776 • savingsplusnow.com

Processing will be completed within 3-5 business days of receipt of a properly completed and signed form.

This form is to be used for a Qualified Birth or Adoption Distribution (QBAD) made available under the Setting Every Community Up for Retirement Enhancement (SECURE) Act.

1. Participant Information

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____

Phone Type: Home Work Cell

2. QBAD Self-Certification

By signing this form, I certify that the withdrawal meets the qualifications for a QBAD as defined under the SECURE Act Section 113 summarized below:

1. The withdrawal is being requested within a one-year period beginning on the date on which my child was born or on which the legal adoption of my eligible adoptee was finalized; and
2. In cases of adoption, the eligible adoptee is:
 - a. Not my spouse's child from a prior relationship; and
 - i. Under 18 years of age; or
 - ii. Considered mentally or physically incapable of self-support as defined by Internal Revenue Code section 72(m)(7).

3. Important Information

A note about 401(k) and 457(b) Plan Roth withdrawals

The earnings portion of the Roth withdrawal amount may or may not be taxable, depending on whether or not the withdrawal is qualified or non-qualified.

Taxation

I understand this is a taxable withdrawal; however, I further understand that Savings Plus is not required to take a 20% mandatory withholding of federal income taxes on QBADs. A 10% income tax will be withheld unless you elect otherwise in section 8. This withdrawal will not be treated as a QBAD by the IRS and may be subject to additional excise tax unless you include certain information on your tax return. Please work with your tax advisor if you have additional questions.

Additional tax implications

You should consult with a tax professional to understand the impact this withdrawal may have on your estimated federal and state income tax payments, overall change in tax liability, and availability of funds to pay the taxes.

Personal Choice Retirement Account (PCRA)

If you have a Personal Choice Retirement Account (PCRA), it may be necessary to transfer your PCRA assets into your core investment options to satisfy the amount of your withdrawal request and maintain the required minimum in your core account.

Qualified birth or adoption redeposit details

You may have the option to redeposit pre-tax funds back into your account. Roth funds cannot be redeposited into your Savings Plus account. Amounts redeposited are treated as a rollover contribution and are not subject to the annual contribution limit.

4. Plan Type (select one)

401(k) 457(b) Part-time Seasonal Temporary (PST)

5. Payment Amount

Amount: \$ _____ (up to \$5,000)

NOTE: The maximum withdrawal for each parent is \$5,000 for each birth or adoption from all California State-sponsored plans within a one-year period beginning on the date which the child was born or which the legal adoption of the eligible adoptee was finalized. Any withdrawals will need to be coordinated with your 403(b) and other state-sponsored 401(k) plans, if applicable.

6. Withdrawal Direction

NOTE: Skip this section for withdrawal requests from the PST program. This section does not apply to the PST program. If an option is not selected, your assets will be withdrawn proportionately from all money sources and investment options. If you indicate a percentage, you must use whole percents only.

1. Proportionately from all money sources and investment options **OR**

2. From Specific Money Sources **AND/OR**
(Pre-tax, Roth, Rollover, etc. - indicate all that apply)

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

3. From Specific Investment Options
(Please list investment options)

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

7. Payment Method (select one)

NOTE: Direct Deposit is not available to financial institutions outside of the United States.

Direct Deposit on file: Assets will be sent to the financial institution that Savings Plus has on file.

Mail Check: Your check will be mailed first class to your address on record with Savings Plus. 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. An additional \$2 fee will be deducted from your account.

Overnight Check: Your check will be mailed overnight at your expense to your address on record with Savings Plus. An additional \$25 fee will be deducted from your account. PO Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2 business days from process date for delivery.

New Direct Deposit Authorization: Assets will be sent to the financial institution that you indicate below.

Financial Institution Information:

Financial Institution Name

Account Type: Checking Savings
If account type is not selected, checking will be used.

Routing Number

Account Number

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

Date _____ 1492

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

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

MEMO _____

⑆ 123456789 ⑆ 000012345678 ⑆ 1492

9-digit Routing Number Checking Account Number Check Number

NOTE: If information is not completed correctly or no option is selected, a check will be sent to your address on file.

Is this account associated with a brokerage firm or other investment firm? Yes No

If yes, have you confirmed that the routing and account numbers are correct? Yes No

I hereby authorize Savings Plus to initiate automatic direct deposits to my account at the financial institution named above. In the event an error is made, I authorize Savings Plus to make a corrective reversal from this account. Further, I agree not to hold Savings Plus responsible for any delay or loss of funds due to incorrect or incomplete information which I supplied or due to an error caused by my financial institution. This authorization will remain in effect until I submit a new **Direct Deposit/Debit Authorization Form** to Savings Plus to change or revoke this authorization or until Savings Plus receives a written notice of cancellation from my financial institution.

8. Federal and State Income Tax Withholding Information

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: All California residents are subject to California State income tax withholding at the rate of 10% of federal withholding unless you request otherwise by completing a **California State Withholding Certificate for Pension or Annuity Payments (DE 4P)**.

9. Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan withdrawals. 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.

10. Signature

Any state or federal income taxes withheld will be reported on a form 1099-R by January 31 of the following year.

I consent to a withdrawal as elected above. I certify that the withdrawal meets the qualifications for a QBAD as defined under the SECURE Act outlined in section 2. 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.

Participant Signature: _____ Date: _____

11. Contact Information

Voice Response System: (855) 616-4776, 24 hours a day, 7 days a week

Savings Plus Solutions Center: (855) 616-4776, 5 a.m. – 8 p.m. (PT), Monday-Friday
To speak with a Customer Service Representative, press *0

TTY: (800) 848-0833

Website: savingsplusnow.com

12. Submission Instructions

You may submit your completed application by mail or fax, or you may be able to submit via DocuSign.

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

By Fax: (877) 677-4329

By DocuSign: Contact the Savings Plus Solutions Center