



The City of Seattle
Voluntary Deferred Compensation Plan
 Qualified Birth or Adoption Distribution Request
 for Governmental Plans

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. Available for participants only.

Participant Information

Employer Name: City of Seattle Plan ID Number: 0056120001

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.

²Nationwide 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.

Payment Amount

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

NOTE: Maximum distribution is \$5,000 for each birth or adoption across all defined contribution plans maintained by the employer.

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.

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

Redeposit Option

You may have the option to redeposit this amount back into your Plan account. Amounts redeposited are treated as a rollover contribution to the Plan and are not subject to the annual contribution limit. Distributions from Roth accounts may not be repaid to the plan.

Money Sources

Funds will be withdrawn equally across all money sources and investment options for each requested distribution unless instructed otherwise.

Taxation

QBADs are exempt from the additional 10% early withdrawal tax. Any state or federal income taxes withheld will be reported on a form 1099-R. This distribution will not be treated as a QBAD by the IRS unless you include certain information on your tax return. Please work with your tax advisor if you have additional questions.

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 _____

⑆ 123456789 ⑆ 000012345678 ⑆ 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 QBAD Certification and Distribution Authorization

By signing this form, I certify that the distribution meets the following qualifications required for a Qualified Birth and Adoption Distribution as outlined below:

1. The distribution is being requested within a one year period beginning on the date on which my child is born or on which the legal adoption of my eligible adoptee is finalized; and
2. In cases of adoption, the eligible adoptee is:
 - a) Not my spouse's child from a prior relationship; and
 - b) Under 18 years of age; or
 - c) Considered mentally or physically incapable of self-support.

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.

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?