



1. Purpose

This form is to be used when Nationwide serves as the administrative service provider for the withdrawal types listed below in Section 4, if available in the plan. To ensure your distribution request can be fulfilled, if you have assets in a Self-Directed Brokerage Account (SDBA) you should take any necessary steps to move the assets to your account at Nationwide. Financial hardship requests are submitted on the Participant Financial Hardship Distribution form.

2. Plan Information

Plan Name: Element Management Services, LLC 401(k) Plan Plan ID: 0061489001

3. Participant Information (all fields required)

Name: SSN:
Date of Birth: Date of Hire: Phone:
Street Address:
City: State: ZIP:
Marital Status: Single Married Divorced Widowed
Email:

Paperless Communication: By providing your email address, you are consenting to receive electronic communications as it relates only to this form and related to this distribution request unless otherwise elected below.

- I wish to be contacted via the telephone number provided above.
I wish to be contacted via US mail.

4. Reason for Distribution (select one)

- Termination of Employment
In-Service Withdrawal
Disability as defined within the Plan Document
Death (attach a certified copy of the death certificate)
Withdrawal of Rollover Contributions
Termination of the Plan (Employer initiated action)
Reservist Called to Active Military Service Distributions
Withdrawal of After-Tax Voluntary Contributions

1You are no longer employed with the Employer. Transferring from one employer to another within the same controlled group does not constitute termination of employment and is not a distributable event.

2If permitted under the terms of the Plan document.

5. Distribution Direction (provide direction for only one option)

NOTE: Distributions will be withdrawn pro-rata across all funds and sources.

1. Cash Payment - This will be a taxable distribution (except Roth or after-tax contributions) and taxes will be withheld as required by law.

- Total distribution of vested account balance(s).
Partial distribution (in-service withdrawals only) of my vested account balance(s) in the amount of: \$
Gross distribution (amount before taxes) Default method if no option is selected.
Net distribution (amount after taxes)

NOTE: Complete Section 6 to define the Cash Payment Method terms and Section 9 if you want to modify your withholding.

2. Direct Rollover - This will be a direct rollover distribution.

- Total Direct Rollover Distribution of my vested account balance(s).
Partial Direct Rollover Distribution (if allowed) of my vested account balance(s) in the amount of: \$

NOTE: Complete Section 7 and 8 to define the terms of the rollover.

5. Distribution Direction - continued (provide direction for only one option)

3. **Combination of Cash Payment and Direct Rollover** - Any portion of this payout that is paid directly to the participant/beneficiary will be a taxable distribution (except Roth or after-tax contributions) and taxes will be withheld as required by law.

I request a cash payment of: \$_____ with the remaining vested balance being directly rolled over.

- Gross distribution (amount before taxes) Default method if no option is selected.
 Net distribution (amount after taxes)

NOTE: Complete Section 6 to define the Cash Payment Method terms, Section 7 and 8 to define the terms of the rollover, and Section 9 if you want to modify your withholding on the cash payment.

4. **Repetitive Cash Payments** - Repetitive payments will be processed within 5 business days of the date selected and will continue until your account is exhausted or written direction is received to stop payments or change payment amounts. If no beginning date is provided, the payments will start on the date the request is processed. These will be taxable distributions (except Roth or after-tax contributions) and taxes will be withheld as required by law.

Frequency (**required**): Monthly Quarterly Semi-Annually Annually

Beginning on date (**required**): _____ (mm/dd) Gross Amount (**required**): \$_____

NOTE: Complete Section 6 to define the Cash Payment Method terms.

To cancel payments, contact the Participant Solution Center at 1-877-677-3678.

6. Cash Payment Method (select one if you requested a cash payment)

- Direct Deposit ACH:** Funds will be sent to the account that you indicate below.

Direct Deposit ACH Financial Institution Information:

Financial Institution Name

ABA (routing) Number

Account Number

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

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 ABA routing number Checking Account Number Check Number

NOTE: Bank information is only needed if Direct Deposit ACH is selected. Direct Deposit cannot be made to a pre-paid debit card. If Direct Deposit ACH information is not completed correctly, a check will be sent by first class mail to your address of record.

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 which I supplied or due to an error from my financial institution in depositing funds to my account. If repetitive payments are selected 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.

- Send check by first class mail to my address of record:** Allow 5 to 10 business days from process date for delivery. (Default payment method if no option is selected)

7. Direct Rollover Distribution Direction (complete if you requested a direct rollover)

1. **This direct rollover is for (select one):**

- Total Vested Balance
 Specific Amount: \$_____
 Remaining Vested Balance after cash distribution indicated in Section 5.

2. **Please choose the appropriate direct rollover option(s) below if you have Pre-Tax contributions:**

- N/A - No Pre-Tax contributions.
 Rollover of Pre-tax vested balance to a Traditional IRA.
 Rollover of Pre-tax vested balance to another eligible retirement plan.
 Rollover of Pre-tax vested balance to a ROTH IRA - There is no tax free treatment for a distribution rolled over to a Roth IRA. This distribution will be reported as taxable income for the year distributed. Nationwide will not withhold Federal or State taxes unless specifically requested in Section 9.

7. Direct Rollover Distribution Direction - continued (complete if you requested a direct rollover)

3. Please choose the appropriate direct rollover option(s) below if you have ROTH contributions:

- N/A - No ROTH Contributions.
- Rollover of ROTH account balance to a ROTH IRA.
- Rollover of ROTH account balance to another 401(k), 403(b) or governmental 457(b) plan's ROTH Rollover account

4. Rollover Account Information:

Check Payable to Trustee/Custodian: _____

Traditional (pre-tax) Account Number: _____ ROTH (if applicable) Account Number: _____

Address of Trustee/Custodian: _____

City: _____ State: _____ ZIP: _____

NOTE: When both ROTH and pre-tax funds are being rolled over, separate account numbers must be provided.

8. Direct Rollover Payment Recipient (complete if you requested a direct rollover)

- Wires and Direct Deposit ACH are NOT available payment options for rollovers.
- You must provide a Letter of Acceptance from the new provider.
- Direct Rollover Distribution check will be sent by first class mail. Allow 5 to 10 business days from process date for delivery.

Send Direct Rollover Distribution check to:

- Send check to the Trustee/Custodian at the address indicated above in the Rollover Account Information Section.
(Default payment method if no option is selected)
- Send check to my address of record.

9. Federal and State Income Tax Withholding

Do NOT complete this section if this distribution is only a rollover to another eligible retirement plan or IRA.

For cash payments, if this section is left blank, Nationwide will withhold all mandatory federal and state income taxes.

Federal Income Tax Withholding: For cash payments and repetitive payments lasting less than 10 years, Nationwide will withhold mandatory 20% for Federal Income Taxes on the taxable portion unless you elect more below.

- Increase the 20% Federal Income Tax Withholding to be: Mandatory 20% plus an additional _____%*
(Example: if you elect 5%, federal withholding will be 25%.)

Federal Income Tax Withholding: For repetitive payments lasting more than 10 years, Nationwide will withhold as if you are married and claiming three allowances unless otherwise elected below. Also use this section to request federal income tax withholding when rolling your pre-tax vested balance to a Roth IRA.

- Withhold Federal Income Tax of: _____%*

State Income Tax Withholding: For cash payments, Nationwide will withhold any mandatory State Income Taxes.

If you would like to adjust your state income taxes, please complete and attach a state income tax withholding form. These forms can be obtained from the State website. Nationwide does not supply these forms.

*Use only whole percentages.

10. Beneficiary Information for Death Benefits (complete if you requested a death benefit distribution)

NOTE: If there are multiple beneficiaries then each beneficiary must complete a separate form. In which case, all beneficiary forms must be submitted together and must total 100%.

Percentage of total vested account balance to be paid to this beneficiary: _____% (Use whole percentages only)

Relationship: Spouse Non-Spouse Guardian Participant's Estate

Beneficiary Name: _____ SSN: _____

Date of Birth: _____ Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Paperless Communication: By providing your email address, you are consenting to receive electronic communications as it relates only to this form and related to this distribution request unless otherwise elected below.

- I wish to be contacted via the telephone number provided above.
- I wish to be contacted via U.S. mail.

11. Tax ID Certification

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

12. Participant/Beneficiary Authorization

I hereby request payment from the Plan as described above. I understand, acknowledge, and consent to the following:

1. Rollover contributions to governmental 457(b) plans that originated from qualified plans, IRAs and 403(b) plans are subject to an additional 10% early withdrawal tax unless an exception applies; and
2. Rollover contributions are subject to the Required Minimum Distribution (RMD) rules of the plan they are rolled into, not the plan or IRA from which they originated; and
3. The terms of the plan document, Internal Revenue Code (IRC), and regulations will determine the payment from this Plan; and
4. The taxable portion of the distribution is subject to ordinary income and may include an additional 10% early withdrawal tax. Federal income tax will be withheld from your payments as required by the IRC. State and federal income taxes withheld will be reported on a Form 1099-R; and
5. A withdrawal fee may apply and will be deducted from my account. The amount of the fee is stipulated in the service agreement for the Plan and may be obtained from my employer; and
6. I understand that once submitted this election is final.

I hereby certify under penalties of perjury the following:

1. The information and any supporting documentation provided with the application is true and accurate; and
2. I have received the attached Special Tax Notice Regarding Plan Payments. If applicable and if I elect to receive this distribution before the end of the 30-day minimum notice period, my signature on this election form shall constitute a waiver of my rights to the 30-day notice requirement.

Is there a Domestic Relations Order pending? No Yes

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: _____ Date: _____

NOTE: Electronic or stamped signatures are not permitted.

You may wish to consult with a professional tax advisor, before taking a payment from the Plan. Nothing within this withdrawal form is intended to provide tax or legal advice. You can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at irs.gov, or by calling 800-TAX-FORM.

13. Spousal Consent

If you are married, this section must be completed and the signature must be witnessed by the Plan Sponsor or a Notary below. If you have questions, please contact the plan sponsor.

Not Applicable - I certify I am not married.

I, the below-named Spouse, hereby consent to the payment from the plan requested above and I certify that I have been made aware of the effects of this consent.

Spouse Information:

Printed Name: _____

Signature: _____ Date: _____

NOTE: Electronic or stamped signatures are not permitted. Must be witnessed by the Plan Sponsor or a Notary.

Witnessed by Plan Sponsor:

Signature: _____ Date: _____

NOTE: Electronic or stamped signatures are not permitted.

Witnessed by Notary:

State of _____, in the county of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on _____ (mm/dd/yyyy).

Notary Information:

Printed Name: _____

Signature: _____

Date: _____

My commission expires: _____

NOTARY SEAL/STAMP

14. Submission Instructions

- Please ensure that the form is completed in its entirety and all required documentation is included with this request.
- All pages (1 through 5) must be returned for this request to be processed.
- All applicable signatures with dates must be present. Missing information will cause a delay in processing your request.
- Once the form is complete, please fax to 1-877-677-4329 or the Plan Sponsor can submit the form via email to the Plan Contact at Nationwide.