



Qualified Birth and Adoption Distribution (QBAD) Repayment Incoming Assets 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.

1. Participant Information

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____

Phone Type: Home Work Cell

2. Rollover/Transfer Funds From

Notes regarding the rollover:

- You must be actively working for the state or have an existing, open account with Savings Plus to be eligible for QBAD repayment
- The amount of the rollover cannot exceed the gross amount of the original distribution (up to \$5,000)
- The rollover cannot include any Roth funds; these amounts would need to be repaid to a Roth IRA
- You may roll funds originating in one Plan Type into another Plan Type; however, early withdrawal penalties may still apply. Contact the Savings Plus Solutions Center for additional details on how this may impact your rollover election

From a Savings Plus retirement plan

Plan Type (select one): 401(k) 457(b) PST (Part-time, Seasonal, and Temporary)

Amount to Roll Over: \$_____

From another eligible retirement plan

Please include a copy of any document which shows you received the QBAD from the eligible retirement plan.

Carrier/Custodian Name: _____ Account Number: _____

Plan Type: 401(k) 457(b) 403(b) Traditional IRA Deemed IRA

Other: _____

Original Distribution Date: _____

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

Amount to Roll Over: \$_____

3. Rollover/Transfer Funds To (select one)

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

4. Investment Direction for Rollover (select one)

Invest my rollover according to my current investment allocation on file

Invest my rollover in the Target Date Fund corresponding with my date of birth

NOTE: If you do not indicate your investment direction, Savings Plus will invest your rollover in the Target Date Fund corresponding with your date of birth. Fund Fact Sheets are located at savingsplusnow.com in the **Investment Information** section.

5. Signature

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

1. The withdrawal was 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).

By signing below, I certify my Rollover/Transfer is from a QBAD 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. Savings Plus 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 Savings Plus 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 investment options may impose a short-term trading fee. Please read the underlying Fund Fact Sheets carefully.

Savings Plus 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 in accordance with the guidelines set forth by the Internal Revenue Service (IRS).

Participant Signature: _____ Date: _____

6. 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

To connect with us via TTY: (800) 848-0833

Website: savingsplusnow.com

7. Submission Instructions

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

Make Check Payable to: Nationwide, FBO (Participant Name, Acct# or SSN)

By Mail: Nationwide Retirement Solutions
PO Box 183150, Columbus, OH 43218-3150

By Fax: (877) 677-4329

By DocuSign: Contact the Savings Plus Solutions Center