



**Personal Information**

Employer Name: \_\_\_\_\_ Employer Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN : \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Department: \_\_\_\_\_  
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.

**Rollover/Transfer Funds From**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 401(a) Governmental | <input type="checkbox"/> 401(a) Qualified/Non-Governmental | <input type="checkbox"/> 401(a) Drop               |
| <input type="checkbox"/> 403(b) Governmental | <input type="checkbox"/> 403(b) Qualified/Non-Governmental | <input type="checkbox"/> 457(b) Governmental       |
| <input type="checkbox"/> 401(k) Governmental | <input type="checkbox"/> 401(k) Qualified/Non-Governmental | <input type="checkbox"/> Deemed Traditional IRA    |
| <input type="checkbox"/> Roth 401(k)         | <input type="checkbox"/> Roth 403(b)                       | <input type="checkbox"/> Deemed Roth IRA           |
| <input type="checkbox"/> Roth 457(b)         | <input type="checkbox"/> Traditional IRA                   | <input type="checkbox"/> TSP (Thrift Savings Plan) |

Carrier/Custodian Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Rollover/Transfer Information**

**Have you already completed all requirements and funds are on the way to Nationwide from the prior Provider/Custodian?**

- Yes, you may skip down to Next Steps.
- No, you may answer the questions below and Nationwide will help facilitate your rollover.

The Provider/Custodian who currently holds your assets will likely have their own requirements to complete the rollover/transfer. You will need to contact them to obtain their rollover/transfer requirements and get the information needed in the **Rollover/Transfer Funds To** section on the next page. When you contact them, please ask the following questions and mark the answers below:

**Does the Provider/Custodian:**

- Require their own paperwork **OR**  Accept Nationwide's paperwork
- Require original signatures **OR**  Accept electronic signatures on forms
- Accept email copies of paperwork?  Accept faxed copies of the paperwork?
- Require notarization of signatures?  Require medallion signature guarantee?
- Require a Letter of Acceptance?

**Next Steps**

- Return this form and all paperwork from your prior Provider/Custodian (if required) to Nationwide using the fax number above or an address below. Receipt of this paperwork will initiate your request to move funds from an outside qualified plan or IRA into your retirement account with Nationwide.
- If funds are not already in transit to Nationwide, we will forward all paperwork to the relinquishing Provider/Custodian. We will follow up to ensure receipt and make sure your outside account is transferred to your Nationwide account. Please note it may take up to 90 days for certain account types to be transferred.
- If you have any questions or received notification of additional requirements from the relinquishing provider/custodian please contact us at 1-855-277-4432.

**Rollover/Transfer Funds To**

Plan Name: \_\_\_\_\_ Plan Type: \_\_\_\_\_

Amount of Rollover/Transfer: \$ \_\_\_\_\_

Are you rolling over Roth assets?  Yes  No

If Yes, Roth Basis (total contributions without earnings): \$ \_\_\_\_\_

Year of First Roth Contribution: \_\_\_\_\_

Does the Rollover/Transfer include after-tax assets that are not subject to Roth distribution rules?  Yes  No

If Yes, After-Tax Basis (total contributions without earnings): \$ \_\_\_\_\_

**Make check payable to:**Nationwide  
FBO (Participant Name, SSN or Acct#)**Mailing Address:**Nationwide Retirement Solutions  
PO Box 183150  
Columbus, OH 43218**457(b) to 457(b) Incoming Assets****Only complete if you're moving one 457(b) account to another 457(b) account**

Some 457(b) Plan documents allow participants who leave one employer and accept a position with a new employer, the option to TRANSFER or ROLLOVER the assets from the first employer. The choice of transfer or rollover will determine when the assets are available for distribution from your Nationwide account.

I have severed from employment from my previous employer on \_\_\_\_\_ (date).

The difference between a transfer and rollover:

- Following a **Transfer**, withdrawal of assets is permitted only when the account holder experiences a distributable event. (e.g. Severance of employment or age 70½ (or age 72 if born after June 30, 1949))
- Following a **Rollover**, withdrawal of assets is permitted at any time pursuant to the account holder's request.

Please make your selection:  TRANSFER  ROLLOVER**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 investment direction, 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.

Investment Option	Percent
<b>Must total</b>	<b>100%</b>

**Authorization**

By signing below, 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 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 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 hereby agrees to accept the Rollover/Transfer described herein and upon receipt will deposit the proceeds within five business days in your account.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Retirement Specialist Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

**A Medallion Signature Guarantee may be required.****Please contact your surrendering financial institution to confirm.**

Medallion Signature Guarantee Stamp Here