

Phone: 800-462-8328 ext. 4116, option 1 • Fax: 714-258-4051 • SchoolsFirstRP.com  
**P.O. Box 11547, Attn: Retirement Planning, RH3, Santa Ana, CA 92711**

Submission of this form initiates a one-time or periodic distribution of retirement funds from the SchoolsFirst/Nationwide Retirement Builder Plan. You will receive a Form 1099-R in January of the year following the distribution for tax filing purposes. Do not use this form when requesting a rollover or transfer. **NOTE:** Please allow **5-7 business days** for the processing of this request.

**Participant Information**

Name: \_\_\_\_\_  
 SSN or Nationwide Account Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Preferred Phone Number: \_\_\_\_\_ Phone Type:  Home  Work  Cell  
 Email: \_\_\_\_\_  
 School District: \_\_\_\_\_ Plan Number: \_\_\_\_\_

**Optional** - Send me alerts regarding this distribution via:  Email  SMS Text Message<sup>2</sup> to Cell number listed above

How would you like to be contacted if additional information is required?  Email  Phone

<sup>1</sup>Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize Nationwide to contact you via telephone using automated technology to assist you with your account.

<sup>2</sup>By selecting this option you are opting into receiving text messages from Nationwide. Message and data rates may apply.

**Reason for Withdrawal (select one)**

Separated from Employment/Retired  
 (Date: \_\_\_\_\_) **Provide documentation for Disability**  
 Over Age 59 1/2  Permanent and Total Disability  
 Age 73 - RMD **Note:** Part-time, substitute and adjunct employees are not considered separated from employment.  
 Correction of Excess Contribution (Year: \_\_\_\_\_)

**Withdrawal Instructions**

**A. Distribution Plan/Source Type:**

403(b)  403(b) Roth  401(a)  457(b)  457(b) Roth

**B. Payment Type:**

**One-time Payment**  
 Full Withdrawal  
 Partial Withdrawal  
 Amount: \$ \_\_\_\_\_ or RMD   
 Gross (Amount before taxes) Default method if no option is selected.  
 Net (Amount After Taxes)

**Periodic Payment**

Begin  Change  Cancel  
 Amount: \$ \_\_\_\_\_ or RMD   
 Gross  Net  
**Frequency:**  Monthly  Quarterly  Semi-Annually  Annually.

**Begin On:** \_\_\_\_\_

**NOTE:** If Frequency is not selected, payments will be made monthly. If Start Date is not provided, the payment start date will be the date your request is processed.

**C. Distribution Direction:** 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. **NOTE:** Distributions from rollover and Roth sources may be subject to an additional excise tax.

**1. Proportionately** from all funds (pro-rata)  
 **2. From Specific Funds** (please list funds)  
 \_\_\_\_\_ \$ \_\_\_\_\_ or \_\_\_\_\_% \_\_\_\_\_ \$ \_\_\_\_\_ or \_\_\_\_\_%  
 \_\_\_\_\_ \$ \_\_\_\_\_ or \_\_\_\_\_% \_\_\_\_\_ \$ \_\_\_\_\_ or \_\_\_\_\_%

**Delivery Method**

- Send to my SchoolsFirst FCU Account**

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Share ID

**BOX TO BE COMPLETED BY THE TPA**

**Member Name:** \_\_\_\_\_

**ABA (routing) Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**TPA Authorization:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- Direct Deposit ACH on File:** Funds will be sent to the account that Nationwide has on file.

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

**Direct Deposit ACH Financial Institution Information:**

\_\_\_\_\_  
Financial Institution Name

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

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

**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 routing 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.**

- 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)

- Send check overnight at my expense to my address of record.** I understand there is an additional fee (\$25) that will be deducted from my account. Saturday delivery may not be available in your area. Allow 2 to 4 business days from process date for delivery.

**NOTE:** PO Box addresses are not eligible for overnight delivery. If you select "send check overnight" and your address of record is a PO Box, your check will be sent via first class mail and you will not be charged the fee for overnight shipping.

**Tax Withholding****Federal income tax withholding:****Withholding election for direct payments and systematic payments lasting less than 10 years:**

There is a mandatory 20% withholding for federal income taxes. You may elect to withhold an additional percentage. If you wish to do so, please indicate this below.

- I wish to have **additional Federal Income Tax withheld**. At time of submission a W-4R Federal Tax Withholding Form is **required**. The current Form W-4R form can be found on the IRS website at [www.irs.gov/forms-pubs-search](http://www.irs.gov/forms-pubs-search).

**NOTE: If we don't receive the Form W-4R, Nationwide will default to withholding taxes based on the current Internal Revenue Code (IRC) withholding rules.**

Continued on the next page.

## Tax Withholding (continued)

### Withholding election for systematic payments (including RMD payments) lasting 10 years or more:

or systematic payments lasting 10 years or more, federal income taxes are withheld at the current IRC withholding rules. For RMD payments, federal income taxes are withheld at the current default rate of 10% unless you elect otherwise. If you wish a different withholding percentage, please select one of the options listed below.

- I elect to opt-out of federal income tax withholding; 0% withholding
- I wish to have a **different percentage of Federal Income Tax withheld**. At time of submission a W-4P Federal Tax Withholding Form (systematic payments lasting 10 years or more) or the Form W-4R Federal Tax Withholding Form (RMD) is **required**. The current Form W-4P and Form W-4R can be found on the IRS website at [www.irs.gov/forms-pubs-search](http://www.irs.gov/forms-pubs-search).

**NOTE: If we don't receive the Form W-4P or W-4R, Nationwide will default to withholding taxes based on the current IRC withholding rules.**

**State income tax withholding:** Taxes will be automatically withheld if you are a resident in a state that mandates state income tax withholding. If you would like additional state tax withholding please indicate that below. **NOTE:** Completing this additional state tax withholding percentage or dollar amount section is optional.

Additional State Withholding \_\_\_\_\_% OR \$\_\_\_\_\_

## 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.

## Signatures

I certify that I am the proper party to receive payments from this plan, and that all information provided by me, including my tax identification number is true and accurate. I further certify that no tax advice has been given to me by the Employer or the Trustee/Custodian and that all decisions regarding this withdrawal are my own. I certify that I have been given written notification of my distribution options and have had the opportunity to consider the decision whether or not to elect a direct rollover for a minimum of 30-days as is my right under Code Sections 402(f) and 411(a)(11). After receiving the attached notice, I wish to waive my 30-day review notice by signing below. Additionally, I understand this transaction is a reportable event and it will be my responsibility to report this distribution to the IRS upon receipt of tax Form 1099-R for the year the distribution occurred. Additionally, a 10% penalty may apply if under age 59½. Please consult a tax advisor for additional questions. I authorize the transaction to be processed as instructed on this form.

**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:

Name: \_\_\_\_\_

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

### TPA Authorization:

Administrator Special Instructions: \_\_\_\_\_

Name: \_\_\_\_\_

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

## Form Return

Mail: SchoolsFirst P.O. Box 11547 Attn: Retirement Planning, RH3 Santa Ana, CA 92711 Fax: 714-258-4051