

## Coronovirus-Related Distribution (CRD) Repayment Incoming Transfer/Rollover

Nationwide Retirement Solutions

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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 transfer/rollover into the SchoolsFirst/Nationwide Retirement Builder Plan 403(b)/457(b), 401(a) from a Coronavirus-Related Distribution.

**NOTE:** Please allow 5 business days for approval of this request. Please make check payable to: Nationwide Retirement Solutions, FBO (Participant Name, SSN, Acct#) and mail to Nationwide, PO Box 183150, Columbus, OH 43218.

Participant Information		
Name:		
SSN or Nationwide Account Number:	Date of Birth:	
Preferred Phone Number¹: Phone Typ	pe: ☐ Home ☐ Work ☐ Cell	
Email:		
School District: Pl	District: Plan Number:	
Financial Advisor Name:	Advisor ID:	
How would you like to be contacted if additional information is requ	ired? 🗌 Email 🔲 Phone	
<sup>1</sup> Nationwide strives to provide excellent customer service to our Members. By to contact you via telephone using automated technology to assist you with		
Type of Transaction		
☐ Funds from a Coronavirus-Related Distribution (Required)		
Rollover TO (Select one if requesting rollover):		
☐ 403(b) Pre-Tax ☐ 457(b) Pre-Tax ☐ 401(a) Pre-Tax		
Fund Origination Information (where CRDs distributed	from)	
Type of Existing Account:		
☐ 403(b) ☐ 457(b) ☐ 401(k) ☐ 401(a) ☐ Other:		
Origination Plan:   Originated from receiving plan (Event Related)  Originated from a different plan (Event Unrelated)		
Amount:    100% (Amount: \$)   Partial Amount: \$		
<b>NOTE</b> : Amount cannot exceed the Original Full Amount of Distributinclude any ROTH funds.	cion listed above (up to \$100,000). Amount cannot	
Investment Election		
$\square$ Use my existing allocation mix (Default if nothing selected)		
<ul> <li>Create a custom allocation mix for rollover/transfer funds only (N allocations.)</li> </ul>	1ust total 100%. This does not change existing	
Fund Name:%		
Total Percentage (100%)%		

## **Self-Certification and Authorization**

To qualify for the CRD provisions, you must self-certify that you are someone:

- Who is diagnosed with the SARS-CoV-2 virus or with coronavirus disease 2019 (COVID-19);
- Whose spouse or dependent is diagnosed with COVID-19;
- Who experiences adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of child care due to COVID-19, closure or reduction in hours of a business owned or operated by the individual due to COVID-19; or
- · Other factors as determined by the Treasury Secretary

Participants may repay all or part of the amount within three years after the date that the distribution was received, and these repayments will not be subject to the annual contribution limits

By signing below, I certify my Rollover/Transfer is from a Coronavirus-Related Distribution 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. Nationwide Retirement Solutions 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 Retirement Solutions 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 Retirement Solutions hereby agrees to accept the Rollover/Transfer described herein.

Participant:	
Name:	
Signature:	Date:
	SIGNATURE GUARANTEE STAMP
Third Party Administrator and/or Custodian	Signatures
TPA Authorization:	
Name:	
Signature:	Date:
Custodian Approval:	
Name:	
Signature:	Date:
Form Return	
Fax: 714-258-4051	Mail: SchoolsFirst
Email: retirementadvisors@schoolsfirstfcu.org	P.O. Box 11547 Attn: Retirement Planning, RH3

Santa Ana, CA 92711