



Plan Information (complete a separate form for each plan type)

Plan Name: George Fox University Plan ID: 0064909001
Plan Type: 403(b)

Alternate Payee Information

Name: SSN/TIN:
Mailing Address:
City: State: Zip:
Date of Birth: Email:
Preferred Phone: Home Work Cell
Relationship to participant: Spouse Non-Spouse

1 Nationwide will use the state provided in your mailing address as your state of residency for tax purposes.
2 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.

Participant Information

Name: Account Number or SSN:

Payout Options (select one)

All funds will be withdrawn on a pro-rata basis across the selected accounts within the plan.

1. One-Time Payment to be paid directly to you:

- Total account balance: (100%) If you select this option, you will be liquidating your entire account.
Partial distribution: \$ (minimum \$25 including tax withholding)

NOTE: Check your Plan Document; some plans require a \$1,000 minimum for a partial one-time payment.

2. Systematic Payments (select only one frequency and EITHER Fixed Amount OR Fixed period, not both):

Frequency: Monthly Quarterly Semi-Annually Annually Start Date:

NOTES: 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.

- Fixed Amount \$ (minimum \$25 including tax withholding)
Total account balance paid to you in increments of the specified amount until your account balance is zero (final payment may be less). The number of payments you receive will vary depending on the earnings (gains/losses) for your account.
Include the cost of living adjustment (COLA)

- Fixed Period years (1 - 30, in whole years only)
Total account balance paid to you for the number of years selected. The actual dollar amount will vary depending on your account earnings (gains/losses), and the duration requested.

Calculation method (select one):

If no calculation method is selected, calculations will default to the Standard method, Annually.

Standard: Annually OR Per Pay Period

Assumed Growth Rate: Cost of living adjustment (COLA) 3% 4% 5% 6% 7% 8% 9%

3. Life Expectancy and Lifetime Payment:

Calculation method (select one):

Life Expectancy/Joint Life Expectancy: Life Expectancy OR Joint Life Expectancy*

Lifetime/Joint Lifetime: Lifetime OR Joint Lifetime*

*Based on the joint life expectancy of you and your primary beneficiary at the time of calculation. Please provide the

Primary Beneficiary's Date of Birth: (mm/dd/yyyy)

Payout Options (select one)**4. Direct Rollover to an Individual Retirement Account (IRA) or Eligible Retirement Plan:**

- Total account balance:** (100%) If you select this option, you will be rolling over your entire account.
- Partial rollover:** \$ _____ OR _____%

The rollover check will be mailed to the new carrier indicated below and made payable to them in your name.

A signed Letter of Acceptance from the new carrier (financial institution) on their letterhead is required and **MUST** accompany this form to process your rollover request. If the rollover is to a Roth account, the Letter of Acceptance must mention the acceptance of Roth funds, and Savings Plus will report the rollover as a taxable event.

- I have requested that a Letter of Acceptance be sent to Nationwide from the receiving company.
- I am including the Letter of Acceptance from the receiving company with this form.

New Carrier Information:

Carrier Name: _____ Account Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

New Plan/Account Type (select one): IRA Roth IRA Qualified Plan 403(b) Governmental 457(b)

NOTE: Non-spousal Beneficiaries must rollover into an Inherited IRA. You should check with your IRA provider to ensure the inherited IRA, when necessary, is established properly.

Payment Method (select one - unless you elected to rollover the entire account balance)

NOTE: Direct Deposit ACH is not available to financial institutions outside of the United States.

- Mail Check:** Send check by first class mail to my address of record. Allow 5-10 business days from process date for delivery. If no other option is selected, your payment will be issued by check and mailed.
- Direct Deposit ACH Authorization:** Send funds to the financial institution indicated below.

Financial Institution Information:

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

_____ Account Number
Routing 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.**

Income 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 a **different percentage of 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.

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.

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

For 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.

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

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.

Alternate Payee Authorization (signature is required to process)

By signing this form, I understand and certify the following:

1. Rollover contributions to governmental 457(b) plans that originated from qualified plans, IRAs and 403(b) plans are subject to the early distribution tax that applies to 401(a)/401(k) plans unless an exception applicable to 401(a)/401(k) plans applies.
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 came.
3. State and federal income tax withholding will be reported on a form 1099-R.
4. The terms of the Plan Document will control the amount and timing of any payment from the Plan.
5. 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, if applicable.
6. I have received and read the 402(f) Special Tax Notice Regarding Plan Payments. This notice summarizes the federal (not state or local) tax rules which may apply to my distribution and explains how I can continue to defer federal income tax on my retirement plan savings in the Plan. It contains important information for me to review before I decide how to receive my Plan benefits.
7. I authorize the distribution as elected above.

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:** _____

Contact the Customer Solutions Center at 1-877-677-3678 to request a free hard-copy of the 402(f) Special Tax Notice.

Form Return

Mail: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

Email: rpublic@nationwide.com

Fax: 1-877-677-4329