



Personal Information

Employer Name: George Fox University Employer Number: 0064909001
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 Funds From

- 401(a) Governmental, 403(b) Governmental, 401(k) Governmental, Roth 401(k), Roth 457(b), 401(a) Qualified/Non-Governmental, 403(b) Qualified/Non-Governmental, 401(k) Qualified/Non-Governmental, Roth 403(b), Traditional IRA, 401(a) Drop, 457(b) Governmental, Deemed Traditional IRA, Deemed Roth IRA, TSP (Thrift Savings Plan)

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

Rollover 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 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 1-877-677-3678.

Rollover 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**Investment Direction****NOTE:** All rollovers will be processed into your plan as directed using your current Investment Allocation mix. If you have not set up an Allocation mix, the transfer will be deposited into the plan-designated Default Fund.**Authorization**

By signing below, I understand that my Rollover will become subject to the terms and conditions of the plan. I certify that I satisfy the requirements for making this Rollover and this represents an amount which is eligible for Rollover. Nationwide is entitled to rely fully on my certification. I expressly assume responsibility for the eligibility of this Rollover and any tax consequences relating to this Rollover 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 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