



George Fox University
Side-By-Side Individual Transfers Incoming
Nationwide Retirement Plans

Personal Information

Plan Name: George Fox University Plan 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.

Transfer Funds From

Please complete the below section, outlining your current account information that will be transferring to Nationwide. Select all plan types and money sources that apply and provide a current balance, to ensure your assets are processed into your account accurately.

Carrier/Custodian Name: Account Number:

Contact Name: Contact Phone:

Street Address:

City: State: ZIP:

- 401(a) Employee Mandatory \$
401(a) Employee After-Tax \$
401(a) Employer Match \$
401(a) Employer Contributions (Other) \$
401(a) Rollover \$
403(b) Pre-Tax \$
403(b) Roth \$ First Contribution Year Roth Cost Basis \$
403(b) Employee After Tax \$
403(b) Employer Match \$
403(b) Employer Discretionary \$
403(b) Rollover \$
457(b) Pre-Tax \$
457(b) Roth \$ First Contribution Year Roth Cost Basis \$
457(b) Employer Match \$
457(b) Employer Discretionary \$
457(b) Rollover \$
457(b) Pre-Tax Rollover \$

NOTES: 1) All transfers that are In Good Order will be processed within 5 business days and 2) All transfers 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 Transfer will become subject to the terms and conditions of the plan. I certify that I satisfy the requirements for making this Transfer and this represents an amount which is eligible for Transfer. Nationwide is entitled to rely fully on my certification. I expressly assume responsibility for the eligibility of this Transfer and any tax consequences relating to this Transfer and I agree Nationwide will not be responsible for those tax consequences.

I understand that my funds will be allocated and invested using my current allocation mix on file. I understand some mutual funds offered in the plan may impose a short term trading fee. Please read the underlying fund prospectuses carefully.

Nationwide hereby agrees to accept the 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: \_\_\_\_\_

**Form Return**

**Make check payable to:**

Nationwide  
FBO (Participant Name, SSN or Acct#)

**Mailing Address:**

Nationwide Retirement Solutions  
PO Box 182797  
Columbus, OH 43218