

**Participant Information**

Name: \_\_\_\_\_  
SSN or Nationwide Account Number: \_\_\_\_\_ Date of Separation: \_\_\_\_\_  
Plan Number: \_\_\_\_\_ Loan Number(s): \_\_\_\_\_  
Home Phone Number!: \_\_\_\_\_ Work Phone Number!: \_\_\_\_\_  
Email: \_\_\_\_\_

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.

**Signatures**

\_\_\_\_\_ am eligible to take a distribution and I wish to offset my active loan(s) on my retirement account.  
(Initial)

By signing and returning this Authorization, I hereby direct Nationwide to immediately offset the active loan number(s) as indicated in the section above for the above referenced account.

As a result of the offset, I understand I am no longer able to repay the loan and my account balance will be reduced by the outstanding loan amount.

I understand that the outstanding loan balance including accrued interest, at the time of offset, will be taxed as ordinary income and may be subject to an additional 10% early withdrawal tax.

**Participant:**

Full Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TPA Authorization:**

Administrator Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
Full Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form Return**

**Mail:** SchoolsFirst  
P.O. Box 11547  
Attn: Retirement Planning, RH3  
Santa Ana, CA 92711

**Fax:** 714-258-4051  
**Email:** retirementadvisors@schoolsfirstfcu.org