



Sacramento Metropolitan Fire District Retirement Benefit Options

- If this is an initial request, and not a change in a current distribution, remember to have your former employer complete the Payroll/Personnel Authorization section.
- If you are requesting a payout lasting less than 10 years (including a lump sum payout), complete the Form W-4P that will be enclosed with the kit, only if you want an additional amount withheld over the 20% mandatory withholding.
- A form must be remitted for each plan account that is receiving a distribution. If you are requesting a payout from your 457 account and your Deemed IRA account, you must remit a form for each account.

Personal Information

Money Source ¹ : <input type="checkbox"/> 457(b) Pre-Tax - 0037972001 <input type="checkbox"/> 457(b) After-Tax Roth - 0037972001 <input type="checkbox"/> Deemed-Traditional IRA- 0037972002 <input type="checkbox"/> Deemed-Roth IRA - 0037972002	
Name:	
Date of Birth:	SSN or Account Number:
Address:	
City, State, & ZIP:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone Number:	Work Phone Number:
Email Address:	

1. If you check the boxes for 457(b) Pre-Tax and 457(b) After-Tax Roth, your withdrawal will be taken pro rata from those money sources.

Action Requested

- I am not required to receive a distribution at this time and I wish to defer payments until further notice or when minimum distributions are required. **(If you Chose this option, go directly to the Authorization section.)**
- Initiate payout Stop current payments (Systematic Withdrawal Options only.)
- Change/Restart (Wish to change/restart option or distribution amount.)

Distribution Reason (For 457(b) distributions only. Check the option that applies)

- Severance of Employment Retirement Disability Required Minimum Distribution In-Service

Employer Authorization

NOTE: Not required for Deemed IRA payout or for participants who are currently employed and age 70½ or older.

This section must be completed if this is your initial pay out request.

Employer:	Entity Number:
Signature of Authorized Representative:	Date
Position & Title of Authorized Representative:	Contact Phone Number:
Date of Severance:	Reason: <input type="checkbox"/> Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Disability

_____ (initial here) By initialing this box, the Plan Sponsor is certifying that the employee completing this form is a Public Safety Officer as defined by the Defending Public Safety Employees Retirement Act and the Internal Revenue Code (IRC.).

Payout Options

Any deferral received after the effective date of this payout will automatically be returned to the above noted participant. Rollovers into your account are held in a separate account and a distribution request must be submitted for each account. All funds will be withdrawn on a pro-rata basis across all investment options for each requested distribution. The only exception to this would be a hand written request indicating the specific funding option for the withdrawal. In situations where a rollover account exists, systematic withdrawal requests are distributed pro-rata from all accounts and may be subject to an additional 10% early withdrawal tax.

Please contact us at 877-616-6565 to discuss whether your distribution may be subject to an additional 10% early withdrawal tax.

Please elect only one option.

Option 1 - Partial Sum or Lump Sum: (Check only one box)

- Partial Sum in the amount of \$ _____, and **continue** current, on-going payment option
- Partial Sum in the amount of \$ _____, and **stop** current, on-going payment option
- Partial Sum in the amount of \$ _____.
- Lump Sum for the remainder of the account balance

Option 2 - Systematic Withdrawal: All funds will be withdrawn on a pro-rata basis across all investment options. If you are currently receiving a systematic withdrawal, please note that all of your assets under the plan, including rollover accounts, will be included in your new systematic withdrawal election. To begin a Systematic Withdrawal, please select one option:

Frequency: Monthly Quarterly Semi-Annually Annually

Designated Amount of \$ _____

Please check here if you would like to include the COLA (cost of living adjustment)

Designated Period of _____ years. (1-30)

Recalculate Payment Amount Per Payment

Recalculate Payment Amount Annually

Please check one of the following options if you want to include an Assumed Growth Rate

3% 4% 5% 6% 7% 8% 9% COLA (cost of living adjustment)

Life Expectancy/Joint Life Expectancy Payment (See Payout Option section of this form for additional details.)

Life Expectancy - Payment amount calculated based on your life expectancy at time payments are initiated.

Joint Life Expectancy - Payment amount calculated based on joint life expectancy of you and your beneficiary at time payments are initiated.

Beneficiary's Name: _____ Beneficiary's Date of Birth: _____

Lifetime/Joint Lifetime Payment

Lifetime Payment - Payment amount recalculated annually based on your life expectancy at time of calculation.

Joint Lifetime Payment - Payment amount recalculated annually based on joint life expectancy of you and your beneficiary at time of calculation.

Beneficiary's Name: _____ Beneficiary's Date of Birth: _____

Required Minimum Distribution (Must be at least 70 ½.)

See Payout Option section of this form for additional details.

Option 3 - Nationwide Purchased Annuities: (Your election of a purchased annuity is irrevocable.) For questions about Nationwide Purchased Annuities, contact the Products Service Center at 800-634-5222.

Frequency: Monthly Quarterly Semi-Annually Annually

Single Life Annuity (No Beneficiary)*

Fixed

Variable

Life Income with Payments Certain*

Fixed — 5 years 10 years 15 years 20 years 25 years 30 years

Variable

Payout Options (continued)

Joint and Survivor*

Fixed — 50% 66⅔% 75% 100%

Variable

Survivor: _____

Address: _____

City: _____ State: _____ ZIP: _____

SNN: _____ Phone Number: _____ Date of Birth: _____

Fixed Designated Period of _____ years (3-20)

Designated Amount of \$ _____.

*** Attach proof of date of birth for Life Annuity, Life Income and Joint & Survivor**

For Rollovers into an Individual Retirement Account (IRA) or another employer plan, please contact a Retirement Specialist by calling 877-616-6565 for the appropriate forms.

Payment Method

Select One (If no option is selected, check will be sent by first class mail to the address of record):

ACH Instructions on File - Send funds to my bank account that Nationwide has on file.

Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery.

I authorize NRS to send my payout check to me via overnight check to address of record for a fee of \$25 (We will deduct the \$25 from your account. Please also note, we can't offer overnight delivery to a PO Box and Saturday delivery may not be available in your area).

Direct Deposit ACH (complete information below)

Financial Institution Information:

Bank Name _____

ABA (routing) Number _____

Account Number _____

Account Type: Checking Savings

NOTE: If left blank, we will default to checking.

John Doe
123 Main Street Ph. (614) 555-1212
Hometown, OH 45678

Date: _____ 1492

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Money Bank, Inc.
321 Main Street
Hometown, OH 45678

MEMO: _____

⑆ 123456789 ⑆ 000012345678 ⑆ 1492

9-digit ABA routing number Checking Account Number Check 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 ABA 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.

Tax Withholding

Withholding for Lump sum and Systematic Distributions lasting less than 10 years

Federal withholding: Taxes will be withheld based on the 402(f) special tax notice; 20% is required to be withheld for federal income taxes. You may withhold an additional amount over the 20% required.

Line 1: Mandatory 20%

Line 2: Any additional amount _____% OR \$ _____

Add Line 1 Mandatory and Line 2 Additional for line 3 Total.

Line 3: Total federal withholding _____% AND \$ _____

State withholding: State 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; NRS does not supply these forms.

Withholding for Systematic Distributions equal to or greater than 10 years (including Required Minimum Distribution):

NOTE: Taxes will be withheld based on the 402(f) special tax notice)

Required Minimum Distribution default of 10%

I elect to opt out of federal tax withholding (0%)

I would like to withhold _____% OR \$ _____ from each systematic payment

By completing this section, I understand my marital allowances will be "Married and 99 exemptions" to ensure NRS withholds the flat dollar amount or percentage I've elected.

I would like to have taxes withheld at the following tax table rates:

Married Single _____ Number of exemptions

Certification

I certify that under penalties of perjury 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.
(FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Authorization

By signing this form, if I have an outstanding loan and I am requesting a total distribution of my account, I understand the outstanding loan balance will be part of this total distribution and may be taxable income reported to the IRS on form 1099-R. Any pending loan payments may delay the processing of this withdrawal.

By signing below, I hereby acknowledge the following information: 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 those plans unless an exception applicable 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.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. If you select a lump sum or systematic withdrawal lasting less than 10 years, 20% of the taxable portion of the distribution paid to you will be withheld for federal income taxes. State taxes will be withheld where required. State and federal taxes withheld will be reported on a form 1099-R.

I consent to a distribution as elected above. I understand that the terms of the plan document will control the amount and timing of any payment from the plan. Further, I certify that I have read and received the attached Special Tax Notice Regarding Plan Payments. 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant Signature (required):	Date (required):
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Form Return

Please return your completed form to:

Mail: Nationwide Retirement Solutions, P.O. Box 182797, Columbus, Ohio 43218-2797

Fax: 877-677-4329

Remember

- Complete all of the sections on the Retirement Benefit Options form that apply to your request.



Sacramento Metropolitan Fire District Retirement Benefit Options Payout Option Descriptions

Partial Lump Sum Distribution

This option provides for a single withdrawal in the amount requested (minimum of \$25.00) from the value of the account.

Lump Sum Distribution

This option provides for the withdrawal of the full value of the account in a single payment

Systematic Withdrawal Options

The account is maintained on the Administrator's Accumulation System and continues to earn either recurrent interest in the fixed return or fund investment performance if in the variable return option, throughout the payout period. As a claimant, you will continue to receive quarterly statements. In the event of your death prior to the exhaustion of the account, upon their claim, your beneficiary will receive payments until the account is exhausted or a lump sum payment of the remaining account balance. All funds are withdrawn on a pro-rated basis.

Designated Amount

This option provides for payments of the designated amount (minimum of \$25.00) until the account is exhausted. The final payment will be the balance of the account. In the year the claimant reaches age 70½, if the payment is less than the minimum amount required under federal regulations, the payment amount will be increased. Please indicate the amount to be paid, the beneficiary, their relationship, their Social Security number and their birth date. Exchanges are permitted, subject to annual exchange limitations.

For example: Annuitant dies prior to the exhaustion of the account.

- Upon their claim, the beneficiary receives monthly payments until the account is exhausted or a lump sum payment of the remaining account balance.

Designated Period

This option allows the claimant to choose the number of years they will receive payments. The payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate the amount to be paid, the beneficiary, their relationship, their Social Security number and their birth date. Exchanges are permitted, subject to annual exchange limitations.

For example: Annuitant dies prior to the exhaustion of the account.

- Upon their claim, the beneficiary receives monthly payments until the account is exhausted or a lump sum payment of the remaining account balance.

Single Life Expectancy:

This option provides payments to last through your calculated life expectancy at the time the payments are initiated. The number of payments is not recalculated after the payments are initiated. The payment amount is recalculated annually. Your payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate your beneficiary, their relationship to you, their Social Security number and their birth date. Exchanges are permitted, subject to annual exchange limitations.

For example: Participant's current age is 65 and life expectancy is 89. Payments will be calculated to last 24 years.

Joint Life Expectancy:

This option provides payments to last through your and your beneficiary's calculated life expectancy at the time the payments are initiated. The number of payments is not recalculated after the payments are initiated. The payment amount is recalculated annually. Your payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate your beneficiary's date of birth, their relationship to you, and their Social Security number. Exchanges are permitted, subject to annual exchange limitations.

For example: Participant's current age is 65 and beneficiary's age is 59. Participant's life expectancy is 89 and beneficiary's life expectancy is 90. Payments will be calculated to last 31 years.

Single Lifetime:

This option provides payments to last through your calculated life expectancy at the time the payments are initiated. The payment amount and number of payments is recalculated annually based on updated life expectancy tables. Your payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate your beneficiary, their relationship to you, their Social Security number and their birth date. Exchanges are permitted, subject to annual exchange limitations

For example: Participant's current age is 65 and life expectancy is 89. Payments will be calculated to last 24 years. Five years later, the life expectancy of the participant is changed to 91. Payments will be recalculated to last an additional 2 years.

Joint Lifetime

This option provides payments to last through your and your beneficiary's calculated life expectancy at the time the payments are initiated. The payment amount and number of payments is recalculated annually based on updated life expectancy tables. Your payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate your beneficiary's date of birth, , their relationship to you, and their Social Security number. Exchanges are permitted, subject to annual exchange limitations.

For example: Participant's current age is 65 and beneficiary's age is 59. Participant's life expectancy is 89 and beneficiary's life expectancy is 90. Payments will be calculated to last 31 years. Five years later, the life expectancy of the participant is changed to 91 and the life expectancy of the beneficiary is changed to 92. Payments will be recalculated to last an additional 2 years.

Required Minimum Distribution

A minimum distribution of the account is required to begin when age 70½ is attained. This payment option will only pay the minimum that is required to be paid each year. The amount that is required to be distributed will be calculated for each distribution year in accordance with regulations under Section 401(a)(9) of the Internal Revenue Code. The Required Minimum Distribution (RMD) will usually be different for each year because of the changes in the account balance and the change in life expectancy. This payment option is not available unless age 70½ has been attained and cannot be rolled over to another eligible retirement plan or IRA. Please indicate the amount to be paid (a minimum of \$25.00), the beneficiary, their relationship, their Social Security number and their birth date.

For example: Annuitant dies prior to the exhaustion of the account.

- Beneficiary receives monthly payments until the account is exhausted or a lump sum payment of the remaining account balance.

Purchased Annuity Options: Your account is removed from the Administrator's Accumulation System and your account balance is used to purchase an annuity contract that you select. Purchase rates are subject to change monthly. However, once you have purchased an annuity, the benefit amount will remain the same for the life of the annuity (except for variable annuities). You will receive an annuity certificate stating the terms of the contract. You will no longer receive quarterly statements. (Not all plans have this option available. Please call customer service at 877-616-6565 to confirm availability.)

Life Income With Payments Certain:

This option provides payments for your lifetime. If you die before the selected number of guaranteed payments has been made, payments will continue to your named beneficiary until the total number of guaranteed payments (5, 10, 15, 20, 25, or 30 years) has been made to you and your beneficiary. If you die after the guaranteed number of payments has been made, no death benefit is payable. Please select a guaranteed period and indicate your beneficiary, their relationship, their Social Security Number, their birth date, and attach proof of your date of birth.

For example: 20 Years Certain – Payee dies in the 5th year.

- Beneficiary receives 15 years of monthly payments or an adjusted lump sum payment.

Joint & Survivor

This option provides payments for you and your survivor for your lifetimes. Upon your death, payments will continue to survivor, if he or she is living. No other beneficiaries are permitted under this option. Payments to the survivor may be a percentage (50%, 66 ⅔%, 75% 100%) of the original amount. Please name your survivor, their relationship, their Social Security Number and their date of birth on the lines provided and attach proof of date of birth for both you and your survivor.

For example: Annuitant dies and survivor is still living.

- Survivor receives the monthly benefit for as long as they live at 50%, 66 ⅔%, 75%, or 100% of the original amount. Annuitant dies and survivor is also deceased.

Fixed Designated Period

This option provides for payments for the number of years chosen. You may select any whole number of years between 3 and 20, inclusive. If you should die before the end of the period, payments will continue to the beneficiary. Please indicate the number of years to be paid and indicate your beneficiary, their relationship, their Social Security Number and their birth date.

For example: Payee dies prior to the end of the designated number of years.

- Beneficiary receives payments to the end of the designated period or an adjusted lump sum payment.

Designated Amount

This option provides for payments of a specified dollar amount. The length of the payout is determined by the account value and a set purchase rate. If you should die before the annuity is exhausted, your beneficiary could either continue the payout or receive the remaining lump sum.

For example: Payee dies before all annuity payments are received.

- Beneficiary receives payments to end of annuity amount or adjusted lump sum.