



Plan Type

457(b) Pre-tax 457(b) Roth 401(a) Plan

Claim Type and Relationship to the Participant

Claim Type: Beneficiary Claim Alternate Payee Claim (Domestic Relations Order)

Relationship: Spouse/Ex-Spouse Non-Spouse

Plan Participant and Claimant Information

Plan Participant:

Form with fields for Name and SSN/Account#

Claimant:

Form with fields for Name, SSN, Mailing Address, City, State, ZIP, Date of Birth, Primary Phone, and Email

Beneficiary Instructions for Payout

To establish your Beneficiary account, submit a copy of the Death Certificate with this completed Beneficiary Distribution Form. A certified copy is required to claim an account greater than \$100,000. If the Beneficiary is a minor, legal guardianship papers must also be included. If there are multiple Beneficiaries, each Beneficiary must complete a form. If the Participant had a Required Minimum Distribution (RMD) in the year of death, a distribution may be processed at the time of Beneficiary claim to satisfy any portion of the RMD which remained unsatisfied at the time of death. Not all options are available for non-spousal Beneficiaries. For more information, contact us at 1-888-324-5433.

The distribution requirements listed below assume the Beneficiary is claiming their benefit prior to December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred. If the claim is made after this date, the requirements may vary and beneficiaries, including the surviving spouse, may lose access to some of the benefits otherwise available to them. If you are unsure what beneficiary status is most beneficial to you, please consult your legal counsel or tax advisor.

Withdrawal by the Surviving Spouse:

If you are the spouse of the Participant you may elect to be treated as the Participant. This election is irrevocable. If you elect to be treated as the participant, your RMD calculations will use the Uniform Lifetime Table and you may defer your initial benefit payment to the later of:

- December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred,
or
December 31 of the calendar year in which the participant would have attained RMD age.

If you do not elect to be treated as the Participant, your RMD calculations will use the Single Life Expectancy Table and your initial benefit payment must occur no later than December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred.

Beneficiary Instructions for Payout (continued)

Withdrawal by an individual other than the Surviving Spouse:

Beneficiaries who are named individuals, other than the Participant's spouse are classified under two beneficiary categories dependent upon their relationship to the Participant at the time of the Participant's death.

Eligible Designated Beneficiaries include minor children of the Participant, individuals with a disability, individuals with a chronic illness, and individuals who are not more than 10 years younger than the Participant. Eligible Designated Beneficiaries may defer the initial benefit payment until December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred and are typically required to take annual RMD payments. If you are claiming the account as an Eligible Designated Beneficiary due to disability or chronic illness, additional documentation may be required.

Designated Beneficiaries include all named individuals who do not meet the criteria to qualify as an Eligible Designated Beneficiary. Designated Beneficiaries must receive their entire benefit by December 31 of the 10th calendar year following the calendar year in which the Participant's death occurred. If the participant died after reaching their Required Beginning Date then the Beneficiary is also required to receive annual RMD payments beginning no later than December 31 of the calendar year following the calendar year in which the Participant's death occurred.

Withdrawal by a non-individual:

If the Beneficiary is an estate, non-qualified trust, charity, or other organization, the Beneficiary is considered a Non-Designated Beneficiary and the entire remaining account balance shall be paid in a single lump sum no later than December 31 of the calendar year following the calendar year of the Participant's death.

Defer Payment

I am not required to receive a benefit payment at this time. I wish to defer payments to a later date.

Select one option below, complete **Beneficiary Designations** on the following page, and then proceed to the **Authorization** section.

- As a spousal beneficiary I elect to be treated as the Participant. I may defer my initial payment until December 31 of the later of the year in which the Participant would have attained RMD age or the calendar year immediately following the calendar year in which the Participant's death occurred.
- As an Eligible Designated Beneficiary (including spousal beneficiaries who do not elect to be treated as the Participant), I may defer my initial payment until December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred.
- As a Designated Beneficiary, I may defer my initial payment until December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred if the Participant's death occurred after reaching the RBD. I may defer my initial payment until December 31 of the 10th calendar year following the calendar year of the Participant's death if the Participant's death occurred prior to reaching the RBD.
- As a spousal alternate payee, I may defer my initial payment until April 1 of the calendar year following the year in which the Participant would reach RMD age or in which the Participant separates from service, whichever is later.
- As a non-spousal alternate payee, I may defer my initial payment until April 1 of the calendar year following the year in which the Participant reaches RMD age or separates from service, whichever is later. If the participant's death occurs before attaining RMD age, I may only defer my initial payment until December 31 of the calendar year immediately following the calendar year in which the participant's death occurred.

Beneficiary Designation

IMPORTANT NOTES:

- Beneficiaries listed below will replace any prior designation
- Allocations must total 100% for each category (primary and contingent) and must be in whole numbers; decimal and fraction percentages are not permitted
- If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%

I have additional beneficiaries. To designate more than four (4) of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

Primary Beneficiary(ies) (Allocations must total 100%):

Your account balance will be divided among your surviving primary beneficiaries in the percentages specified below.

1. Individual/Organization Name:			Allocation:	%
Relationship:	SSN:	Date of Birth:		
Address:			Phone:	
2. Individual/Organization Name:			Allocation:	%
Relationship:	SSN:	Date of Birth:		
Address:			Phone:	
3. Individual/Organization Name:			Allocation:	%
Relationship:	SSN:	Date of Birth:		
Address:			Phone:	
4. Individual/Organization Name:			Allocation:	%
Relationship:	SSN:	Date of Birth:		
Address:			Phone:	

Contingent Beneficiary(ies) (Allocations must total 100%):

If all designated primary beneficiaries are unable to claim the account then your account balance will be divided among your surviving contingent beneficiaries in the percentages specified below.

1. Individual/Organization Name:			Allocation:	%
Relationship:	SSN:	Date of Birth:		
Address:			Phone:	
2. Individual/Organization Name:			Allocation:	%
Relationship:	SSN:	Date of Birth:		
Address:			Phone:	
3. Individual/Organization Name:			Allocation:	%
Relationship:	SSN:	Date of Birth:		
Address:			Phone:	
4. Individual/Organization Name:			Allocation:	%
Relationship:	SSN:	Date of Birth:		
Address:			Phone:	

Payout Options (select only one option)

Option 1 - Lump Sum Payment: Paid directly to you.

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

Option 2 - Periodic Payments:

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 \$ _____

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.

Fixed Period _____ years (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 method is selected, payments will be recalculated annually.

Standard: Annually (default) Per pay frequency selected above

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

For rollovers into an Individual Retirement Account (IRA) or another employer plan, please contact a Retirement Specialist by calling 1-888-324-5433 for the appropriate forms.

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 completed and attach a state tax withholding form. These forms can be obtained from the State website, Nationwide does not supply these forms.

Roth Withdrawal Information

Unlike earnings on pre-tax contributions, the earnings on designated Roth contributions are generally not subject to future taxes at the time of withdrawal as long as the distribution from the Roth account satisfies the requirements to be a “qualified distribution.”

Qualified distributions cannot be made within five years of the first designated Roth contribution to this plan, and must be made on or after the Participant’s attainment of age 59½, on or after the participant’s death or due to the participant’s disability.

Spousal Beneficiaries and Spousal Alternate Payees may rollover this account into their own employer sponsored account or IRA. If such action is taken, the criteria for a qualified Roth distribution will follow the Spousal Beneficiary or Spousal Alternate Payee’s age, death, or disability, rather than following the Participant. If rolling over into another employer sponsored plan, the earlier initial Roth contribution date between the two employer sponsored plans will be used for the five-year period. If rolling over into a Roth IRA, the initial Roth contribution date of the Roth IRA will be used unless it is an inherited IRA.

Designated Roth contributions (as opposed to earnings on those contributions) are generally not subject to income tax or penalties.

Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan withdrawals. 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.

Authorization

I certify that I have received and read the “Special Tax Notice Regarding Plan Payments” notice. If I elect to receive this distribution before the end of the 30-day minimum notice period, my signature on this election shall constitute a waiver of my rights to the 30-day notice requirement.

If a lump sum or systematic withdrawal lasting less than 10 years is selected, 20% of the taxable portion of the distribution paid will be withheld for federal income taxes unless elected otherwise. You may submit a DE-4P with this request for California state taxes; state taxes will be withheld where applicable. State and Federal taxes withheld will be reported on a Form 1099-R.

I authorize the distribution as elected above.

NOTE: Electronic or stambed signatures are not permitted.

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

Participant Signature:	Date:
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Form Return

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

Email: rpublic@nationwide.com

Fax: 1-877-677-4329

Did you remember to:

- Sign and date the form?
- Complete the Plan Participant and Claimant Information sections on Page 1 in their entirety?
- Select only one payout option if you are choosing to take a distribution?
- Include a Death Certificate listing a cause of death if one is not already on file?
- Include a Divorce Decree and Property Settlement Agreement if you were Divorced from the Participant?