



County of San Diego
Beneficiary/Alternate Payee
Distribution Form

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:

Name: SSN/Account#:

Claimant:

Name: SSN:
Mailing Address:
City: State: ZIP:
Date of Birth: Primary Phone: 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. Not all options are available for non-spousal Beneficiaries. For more information, contact us at 1-888-324-5433.

Withdrawal by the Surviving Spouse:

If you are the spouse of the Participant and the Participant had not attained age 72, 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 age 72.

Withdrawal by an individual other than the Surviving Spouse:

Beneficiaries who are named individuals, other than the Participant's spouse, 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.

Withdrawal by a non-individual:

If the Beneficiary is a trust, estate, or organization, 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.

## 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.

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

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

In the event that your primary beneficiary(ies) predecease you, or are otherwise revoked by law or the plan document, your account balance will be divided among your contingent beneficiary(ies) in the percentages specified below.

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

## 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 and then proceed to the **Authorization** section.

- As a spousal beneficiary whose spouse was less than 72 years of age at the time of death, 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, or until December 31 of the year that the participant would have attained 72 years of age, whichever is later.
- As a spousal beneficiary whose spouse was 72 years of age or older at the time of death, 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 non-spousal 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.
- 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 reaches 72 years of age or 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 72 years of age or separates from service, whichever is later. If the participant's death occurs before attaining 72 years of 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.

## 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 (select one):** if no option is selected, Nationwide will withhold the federally mandated 20%.

- Increase the total distribution amount to accommodate 20% federal income tax withholding on the taxable portion of my distribution. I understand I will receive the approved amount of my request, and the total distribution amount will be increased to include the mandatory 20% federal income tax withholding. If my account balance is insufficient to accommodate the mandatory withholding, 100% of the account balance will be processed; 20% will be withheld for federal income taxes and the remaining balance will be sent to you.
- Do not withhold federal income taxes from my distribution. I understand I will still be liable for the federal income taxes resulting from this distribution.

**State Income Tax Withholding:** State income taxes will be automatically withheld if you are a resident in a state that mandates state income tax withholding according to the address you provide on this form. 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, 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 attainment of age 59½, on or after the participant’s death or due to the participant’s disability.

If the participant previously established another designated Roth account in another plan and is able to roll the funds from this plan to the other plan, the five-year period would begin to run from the date of the first contribution to the first designated Roth account.

A non-qualified Roth distribution may result in a 10% penalty for early withdrawal of that portion of the distribution that is includable in gross income unless a regulatory exception applies.

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.

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

<b>Participant Signature:</b>	<b>Date:</b>
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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?