



Personal Information

Plan Name: County of San Diego Deferred Compensation Plan		Plan ID: 0046649001
Name:		
SSN/Account Number:		Date of Birth:
Street Address:		
City:		State: ZIP:
Primary Phone:	Email:	
How would you like to be contacted if additional information is required? <input type="checkbox"/> Phone <input type="checkbox"/> Email		

Rollover Funds FROM

- | | | |
|--|---|--|
| <input type="checkbox"/> 401(a) | <input type="checkbox"/> 403(b) | <input type="checkbox"/> 401(k) |
| <input type="checkbox"/> 401(a) DROP | <input type="checkbox"/> 403(b) Roth* | <input type="checkbox"/> 401(k) Roth* |
| <input type="checkbox"/> 457(b) Governmental | <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> TSP (Thrift Savings Plan) |
| <input type="checkbox"/> 457(b) Roth* | <input type="checkbox"/> Deemed Traditional IRA | |

*Roth after-tax assets from 403(b), 457(b), and 401(k) plans can only be rolled over to your 457(b) Roth account.

Carrier/Custodian Name:		Account Number:
Contact Name:		Amount of Rollover:
Contact Phone:	Contact Email:	
Carrier/Custodian Address:		
City:	State:	ZIP:

Rollover Funds TO

I am transferring assets from an existing Nationwide plan to my current County of San Diego plan.

Account Type: 457(b) Pre-Tax 457(b) Roth 401(a)

Amount of Rollover: \$ _____

Make check payable to:
Nationwide
FBO (Participant Name, SSN or Acct#)

Mailing Address:
Nationwide Retirement Solutions
PO Box 183150
Columbus, OH 43218

Investment Direction

NOTE: If you do not indicate your allocation choices, your rollover will be credited to your current allocation. Please refer to the plan website for current investment options. If your selected investment option is no longer available, your rollover will be credited to the Target Date Fund for the year closest to when you turn 65.

Allocate my rollover according to the current allocation on file.

Allocate my rollover as listed below:

Investment Option	Percent
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
Must Total	100 %

Authorization

I understand that my direct rollover will become subject to the terms and conditions of the plan. I certify that I satisfy the requirements for making a pre-tax rollover/transfer into an eligible retirement plan. Nationwide Retirement Solutions is entitled to rely fully on my certification. I expressly assume responsibility for tax consequences relating to this rollover, and I agree that Nationwide shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds to be invested as directed on this form.

Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

IMPORTANT: Please liquidate and rollover all securities necessary to complete this transaction.

Participant Signature:	Date:
Retirement Specialist Name (Print):	Date: