Nationwide® Retirement Solutions

County of San Diego Incoming Assets Form
Plan Number:092101

Nationwide Retirement Solutions (Nationwide) adheres to the USA PATRIOT Act's Anti-Money Laundering program requirements. Nationwide actively monitors and prohibits illegal money laundering of concealed funds generated from a criminal enterprise.

Please complete all sections of this form. All information on this document must be completed and returned to Nationwide Retirement Solutions in order to be processed. If you require assistance in completing this form or need additional information, please contact us at 1-888-DC4-LIFE (1-888-324-5433).

❒ ***Check here if you are transferring assets from an existing Nationwide plan to your current Nationwide plan.***

Account Holder Information

Name (Please Print)	***Social Security Number***
Address	***Date of Birth***
City, State, & Zip Code	***Contact Phone Number***
Employer Name **County of San Diego**	***Work Phone Number***
Email Address	

Rollover/ Transfer Funds FROM

Plan Type: ❒ 401(a) ❒ 403(b) ❒ 457(b) ❒ 401(k) ❒ DROP plan ❒ Traditional IRA ❒ 457 Spousal Benefit

Money Source: ❒ Pre-Tax ❒ Roth

Regulations do not allow Roth IRA assets to be moved to an employer retirement plan. Roth 457(b), Roth 401(k) and Roth 403(b) assets are acceptable.

Carrier/Custodian Name	***Account Number***
Address	***Contact Name***
City, State, & Zip Code	***Contact Phone Number***

Rollover/ Transfer Funds TO

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

Make check payable to: *Nationwide FBO (Participant Name, SS#)*

Mail check to: *Nationwide Retirement Solutions PO Box 182797 Columbus OH, 43272-4227*

Amount to Rollover/Transfer:

❒ Partial dollar amount $_____

❒ Total account balance

Investment Direction to Nationwide Retirement Solutions

❒ Credit my rollover/transfer according to the current allocation on file

OR

❒ Credit my rollover/transfer as listed below:

INVESTMENT OPTIONS	PERCENT
	%
	%
	%
	%
	%
MUST TOTAL	**100 %**

If you do not indicate your allocation choices, your rollover will be credited to your current allocation.

Additionally, if there is no current allocation for your account, the default is the target date fund closest to your 65th birthday.

Authorization

I acknowledge that I have received and read the fund prospectuses for the investment options I have elected above. I understand that my direct rollover will become subject to the terms and conditions of the plan. I understand that all distributions will be withdrawn on a pro-rated basis across all accounts within the plan selected. 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/transfer, 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. Nationwide Retirement Solutions hereby agrees to accept the rollover/transfer described herein and upon receipt will deposit the proceeds within 5 business days in the account established on behalf of the individual's eligible employer.

Important: Please liquidate and transfer all securities necessary to complete this transaction.

Account Holder's Signature _____ Date _____ Retirement Specialist _____ Date _____