



Instructions

Please complete all sections of this form. Submitting an incomplete form will cause a delay in processing. To expedite processing, please provide us with all of the following items when submitting your request:

- A completed Incoming Assets form
A recent statement of account from your previous plan provider
Distribution paperwork from your previous provider, completed and signed
The appropriate signature requirements from your previous employer
The check made payable to: Nationwide Retirement Solutions, FBO (Participant Name, SSN)

If you require assistance in completing this form or need additional information, please contact us at 443-886-9402 or toll-free at 1-800-966-6355.

Personal Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Agency Code: \_\_\_\_\_
Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_
How would you like to be contacted if additional information is required?  Phone  Email

Rollover/Transfer Funds From:

Plan Type:  457 plan  401(k) plan  401(a) plan  Traditional IRA  Other: \_\_\_\_\_
Money Source:  Salary Reduction (Pre-Tax)  Employer Match  Roth  TSP/Federal
Is this transfer or rollover sourced from a governmental employer-sponsored retirement plan?  Yes  No
(city/county, public college/university, public school system)
Date of First Contribution: \_\_\_\_\_
Amount to Rollover/Transfer:  Total account balance  Partial dollar amount\*: \$ \_\_\_\_\_
Carrier/Custodian Name: \_\_\_\_\_ Account Number: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*The Plan only accepts rollovers of 100% of the balance from the sourcing plan when the sourcing plan is also within the State of Maryland.

Incoming/Transfer Funds To:

Plan Type:  457(b)  401(k)  401(a)  Roth 457(b)  Roth 401(k)
If transferring funds to Roth:
Date of the first Roth contribution: \_\_\_\_\_
Roth cost basis amount: \$ \_\_\_\_\_

**Investment Direction**

- Credit my rollover/transfer according to my current investment election for new contributions **OR**
- Credit my rollover/transfer as listed below (Must total 100%)

**NOTE:** in the list below, (\*) = only available for 457(b), 401(k) and 401(a) plans

**Fixed Income Option**

- \_\_\_\_\_% Investment Contract Pool\*
- Bonds**
- \_\_\_\_\_% State Street U.S. Bond Index Non-Lending - M
- \_\_\_\_\_% TCW Core Fixed Income Fund - I

**Balanced**

- \_\_\_\_\_% Fidelity Puritan Fund
- \_\_\_\_\_% T.Rowe Price Retirement Balanced Fund

**Large Cap**

- \_\_\_\_\_% William Blair Large Cap Growth Commingled Investment Fund - CIT\*
- \_\_\_\_\_% Delaware Value Fund - Institutional
- \_\_\_\_\_% State Street S&P 500 Index Non-Lending - K
- \_\_\_\_\_% T.Rowe Price Structure Research Trust C - CIT\*
- \_\_\_\_\_% Parnassus Equity Income Fund - Institutional

**Mid Cap**

- \_\_\_\_\_% Janus Enterprise Fund - N
- \_\_\_\_\_% State Street S&P Mid Cap Index Non-Lending
- \_\_\_\_\_% T. Rowe Price Mid Cap Value Fund

**Small Cap**

- \_\_\_\_\_% T. Rowe Price Institutional Small Cap. StockFund
- \_\_\_\_\_% State Street Russell Small Cap Index Non-Lending -K

**International**

- \_\_\_\_\_% American Funds - EuroPacific Growth Fund - R6
- \_\_\_\_\_% State Street International Index Non-Lending - M

**T.Rowe Price Target Date Retirement Funds\***

- \_\_\_\_\_% T.Rowe Price Retirement 2005 Trust B - CIT (designed for those born in 1942 or before)
- \_\_\_\_\_% T.Rowe Price Retirement 2010 Trust B - CIT (designed for those born between 1943-1947)
- \_\_\_\_\_% T.Rowe Price Retirement 2015 Trust B - CIT (designed for those born between 1948-1952)
- \_\_\_\_\_% T.Rowe Price Retirement 2020 Trust B - CIT (designed for those born between 1953-1957)
- \_\_\_\_\_% T.Rowe Price Retirement 2025 Trust B - CIT (designed for those born between 1958-1962)
- \_\_\_\_\_% T.Rowe Price Retirement 2030 Trust B - CIT (designed for those born between 1963-1967)
- \_\_\_\_\_% T.Rowe Price Retirement 2035 Trust B - CIT (designed for those born between 1968-1972)
- \_\_\_\_\_% T.Rowe Price Retirement 2040 Trust B - CIT (designed for those born between 1973-1977)
- \_\_\_\_\_% T.Rowe Price Retirement 2045 Trust B - CIT (designed for those born between 1978-1982)
- \_\_\_\_\_% T.Rowe Price Retirement 2050 Trust B - CIT (designed for those born between 1983-1987)
- \_\_\_\_\_% T.Rowe Price Retirement 2055 Trust B - CIT (designed for those born between 1988-1992)
- \_\_\_\_\_% T.Rowe Price Retirement 2060 Trust B - CIT (designed for those born in 1993 or after)

**Authorization**

If you take a distribution from your MSRP account prior to age 59½, it may be subject to an additional 10% early withdrawal tax. I understand that investing involves market risk; no investment strategy can guarantee a profit or avoid loss; and that I may request fund prospectuses for more information on the investment options listed above.

I understand that my direct rollover will become subject to the terms and conditions of the plan. I certify that this rollover/transfer represents an amount which is eligible for rollover, and is from an eligible retirement plan. MSRP and Nationwide are entitled to rely fully on my certification. I expressly assume responsibility for the eligibility of this rollover/transfer and any tax consequences relating to this rollover/transfer. Upon receipt, I hereby request my funds to be invested as directed on this form.

I understand that failure to complete this form accurately will result in processing delays. Some mutual funds may impose a short-term trading fee. Please read the underlying prospectus carefully.

Printed Name: \_\_\_\_\_

**Signature (required):** \_\_\_\_\_

**Date (required):** \_\_\_\_\_

Retirement Specialist Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_

**Registered Principal Signature (required):** \_\_\_\_\_

**Date (required):** \_\_\_\_\_



Please note: \*A Medallion Signature Guarantee may be required. Please contact your surrendering financial institution to confirm.

**Form Return**

If you choose to fax the documentation, you still need to mail the check to the address below.

**Mail to:** Nationwide Retirement Solutions  
11350 McCormick Road  
Executive Plaza 1, Suite 400  
Hunt Valley, MD 21031

OR

**Fax to:** 1-443-886-9403