



Please complete all sections of this form. All information on this document must be completed and returned to NRS in order to be processed. If you require assistance in completing this form or need additional information, please contact us at 855-457-2489.

**Personal Information**

Name:	SSN:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City, State, & ZIP:
Home Phone Number:	Work Phone Number:
Email Address:	

**Rollover/Transfer Funds From**

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

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

**Rollover/Transfer Funds To**

Plan Name: 457(b)  
 Make check payable to: Nationwide FBO (Participant Name, SS# or Acct#)  
 Amount to Rollover/Transfer:  
 Partial Dollar Amount \$ \_\_\_\_\_  
 Total Account Balance

Mail check to: Nationwide Retirement Solutions  
 PO Box 183150  
 Columbus, OH 43218

**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:

*If you do not indicate your allocation choices or if you select closed investment options, your rollover will be credited according to your current deferral allocation on file.*

Investment Option(s)	Percent
<b>Must Total 100%</b>	

## Asset Rebalancing

Enroll me in asset rebalancing. I agree to comply with and be bound by the terms and conditions of the service including any restrictions imposed by the investment options. I understand I can obtain more information about the service, its terms and conditions by contacting the NRS Service Center.

**Asset rebalancing will only apply to rollover money. If you want to initiate asset rebalancing on your entire account access [ChicagoDeferredComp.com](http://ChicagoDeferredComp.com) or contact us at 855-457-2489.**

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

I certify that I satisfy the requirements for making a tax-free 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 NRS shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds to be invested as directed on this form.

Nationwide Retirement Solutions hereby agrees to accept the direct 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.

Participant Signature:	Date:
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## Form Return

Upon completion of this form, please return the original signed document to:

Nationwide Retirement Solutions  
PO Box 183150  
Columbus, OH 43218