

CITY OF KANSAS CITY, MO DEFERRED COMPENSATION PLAN BENEFICIARY or ALTERNATE PAYEE CLAIM FORM

Return completed form to:
Nationwide Retirement Solutions
P.O. Box 182797, Columbus, Ohio 43218
Toll Free: 1-866-350-KCMO

Section 1 – Participant Information

Beneficiary Claim (check one below)

- Spouse
 Non-Spouse

OR

Alternate Payee Claim (Domestic Relations Order) (check one below)

- Ex-Spouse
 Other

Participant's Name _____

Social Security # _____

Payee's Name _____

Social Security # _____ Date of Birth: _____

Payee's Relationship _____

Mailing Address _____
Number and Street _____

City _____ State _____ Zip Code _____ () _____
Daytime Phone Number _____

Section 2 – Change Your Beneficiary(ies)

This form will replace any previous beneficiary selections. Please indicate the names of the beneficiaries, the split you'd like each one of them to receive, your relationship to the beneficiaries, their Social Security numbers and their dates of birth.

| Beneficiary Name(s) | Split % | Relationship | Social Security Number | Date of Birth |
|---------------------|---------|--------------|------------------------|---------------|
| Primary _____ | _____ | _____ | _____ | _____ |
| Contingent _____ | _____ | _____ | _____ | _____ |

Attach a separate sheet if you have more than one primary or contingent beneficiary. You must indicate how much you want each one of them to receive. If you don't indicate the percentage, payments will be distributed equally. Must be in whole percentages and equal 100%.

Section 3 – Payout Options

If this request is a beneficiary claim, submit a certified copy of the death certificate with this form. If the payee is a minor, legal guardianship papers must also be included. If there are multiple payees, each must complete a copy of this form and all documents must be submitted at the same time. Not all options are available for non-spousal beneficiaries. For more information, please contact us at 1-866-350-KCMO. (Additional information about payout options are on the back of this form)

NOTE: All funds will be withdrawn on a pro-rated basis across all funding options.

Select an option:

LUMP SUM: (If you are a Spousal Beneficiary or Ex-Spousal Alternate Payee, complete the Eligible Rollover Distribution Section)

1. Partial Lump Sum in the amount of \$ _____.
2. Lump Sum for the remainder of the account balance.
3. Continue Current Payout
4. Leave Funds in Account.

SYSTEMATIC WITHDRAWAL: All funds will be withdrawn on a prorated basis across all investment options.

Frequency: Monthly Quarterly Semi-Annually Annually

1. Designated Amount of \$ _____
If you are a Spousal Beneficiary or an Ex-Spousal Alternate Payee and the payments are expected to last less than 10 years, complete Section 4 below.
2. Designated Period of _____ years (1-30)
If you are a Spousal Beneficiary or an Ex-Spousal Alternate Payee and the payments are less than 10 years, complete Section 4 below.
3. Required Minimum Distribution (Must be at least age 70 1/2. This option is not eligible for rollover.) See back of form for additional details.

NATIONWIDE PURCHASED ANNUITIES (Your election of a purchased annuity is irrevocable.)

Frequency: Monthly Quarterly Semi-Annually Annually

1. Single Life Annuity (No Beneficiary)* Fixed Variable
2. Life Income with Payments Certain* Fixed Variable
 5 yrs certain 10 yrs certain 15 yrs certain 20 yrs certain 25 yrs certain 30 yrs certain
3. Fixed Designated Period of _____ years (3-20)
4. Designated Amount of \$ _____.

*Attach proof of date of birth for Life Annuity and Life Income

Section 4 – ELIGIBLE ROLLOVER DISTRIBUTION

This option is available only to Spousal Beneficiaries and Ex-Spousal Alternate Payees.

Complete only if you have elected a lump sum distribution or a systematic withdrawal that is reasonably expected to last less than 10 years.
If no election is made, box #1 below will apply.

1. Pay directly to me. I understand 20% of the taxable amount of the eligible rollover distribution will be withheld for federal income taxes.
2. Direct Rollover:
- I wish to have 100% of the eligible rollover distribution directly rolled over to the eligible retirement plan or IRA designated below.
- I wish to have \$ _____ (at least \$500) directly rolled over to the eligible retirement plan or IRA designated below. Pay remaining portion directly to me. I understand 20% of the taxable portion of the distribution paid to me will be withheld for federal income taxes.

Direct rollover plan designation (select one only):

- TO ANOTHER ELIGIBLE RETIREMENT PLAN:
Caution: You are advised to verify that the Plan will accept this direct rollover.

Name of Plan: _____

Address: _____ City: _____ State: _____ Zip: _____

- TO AN IRA*

Name of financial institution: _____ Account # _____

Address: _____ City: _____ State: _____ Zip: _____

*You must establish an IRA account at your financial institution prior to our sending the distribution. An account number and forwarding instructions must be submitted with this form in order to process the direct rollover to an IRA.

Section 5 – Authorization

I certify that I have received and read the "Special Tax Notice Regarding Plan Payments". 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.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. You must submit a W-4P with this request and payments will be reported on a 1099-R Form. State taxes will be withheld where applicable.

Payee Signature: _____ Date: _____

IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CONTACT US AT 1-866-350-KCMO.

PAYOUT OPTION DESCRIPTIONS

PARTIAL LUMP SUM PAYMENT: This option provides for a single payment in the amount requested from the value of your account. If you choose this option, please also complete the Eligible Rollover Distribution Section on reverse side.

LUMP SUM PAYMENT: This option provides for the payment of the full value of your account in a single payment. If you choose this option, please also complete the Eligible Rollover Distribution Section on reverse side.

SYSTEMATIC WITHDRAWAL OPTIONS: Your account is maintained on Nationwide's Accumulation System and continues to earn either recurrent interest in the fixed return or fund investment performance if in the variable return option, throughout the payout period. You will continue to receive quarterly statements. In the event of your death prior to the exhaustion of your account, upon their claim, the beneficiary will receive payments until the account is exhausted or a lump sum payment of the remaining account balance. All funds are withdrawn on a pro-rated basis.

DESIGNATED AMOUNT: This option provides for payments of the designated amount until your account is exhausted. The final payment will be the balance of your account. Please indicate the amount to be paid, your beneficiary, their relationship, their Social Security Number and their birth date. If payments are expected to last less than 10 years, please complete the Eligible Rollover Distribution Section on reverse side.

For example:

Payee dies prior to the exhaustion of the account.

- Upon their claim, the beneficiary receives periodic payments until the account is exhausted or a lump sum payment of the remaining account balance.

DESIGNATED PERIOD: This option allows you to choose the number of years you will receive payments. Your payment may fluctuate if the amount of some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate the amount to be paid, your beneficiary, their relationship, their Social Security Number and their birth date. If designated period is less than 10 years, please complete the Eligible Rollover Distribution Section on reverse side.

For example:

Payee dies prior to the exhaustion of the account.

- Upon their claim, the beneficiary receives periodic payments until the account is exhausted or a lump sum payment of the remaining account balance.

REQUIRED MINIMUM DISTRIBUTION: A minimum distribution of your account is required to begin when you attain age 70 1/2. This payment option will only pay the minimum that is required to be paid to you each year. The amount that is required to be distributed will be calculated for each distribution year in accordance with proposed regulations under Section 401(a)(9) of the Internal Revenue Code. The Required Minimum Distribution (RMD) will usually be different for each year because of the changes in your account balance and the change in your life expectancy. This payment option is not available unless you have attained age 70 1/2 and payments cannot be rolled over to another eligible retirement plan or IRA. Please indicate the amount to be paid, your beneficiary, their relationship, their Social Security Number and their birth date.

For example:

Payee dies prior to the exhaustion of the account.

- Beneficiary receives periodic payments until the account is exhausted or a lump sum payment of the remaining account balance.

PURCHASED ANNUITY OPTIONS: Your account is removed from Nationwide's Accumulation System and your account balance is used to purchase an annuity contract that you select. Purchase rates are subject to change monthly. However, once you have purchased an annuity, the benefit amount will remain the same for the life of the annuity (except for variable annuities). You will receive an annuity certificate stating the terms of the contract. You will no longer receive quarterly statements. (Please call customer service at 1-866-350-KCMO for a quote.)

SINGLE LIFE ANNUITY: This option provides equal payments over your lifetime. At the participant's death, payments will stop.

There is no named beneficiary. Attach proof of date of birth.

For example:

Payee dies after two payments are made - no death benefit payable.

LIFE INCOME WITH PAYMENTS CERTAIN: This option provides payments for your lifetime. If you die before the selected number of guaranteed payments has been made, payments will continue to your named beneficiary until the total number of guaranteed payments (5, 10, 15, 20, 25, or 30 years) has been made to you and your beneficiary. If you die after the guaranteed number of payments has been made, no death benefit is payable. Please select a guaranteed period and indicate your beneficiary, their relationship, their Social Security Number, their birth date, and attach proof of your date of birth.

For example:

20 Years Certain – Payee dies in the 5th year.

- Beneficiary receives 15 years of monthly payments or an adjusted lump sum payment.

FIXED DESIGNATED PERIOD: This option provides for payments for the number of years chosen. You may select any whole number of years between 3 and 20, inclusive. If you should die before the end of the period, payments will continue to the beneficiary. Please indicate the number of years to be paid and indicate your beneficiary, their relationship, their Social Security Number and their birth date.

For example:

Payee dies prior to the end of the designated number of years.

- Beneficiary receives payments to the end of the designated period or an adjusted lump sum payment.

DESIGNATED AMOUNT: This option provides for payments of a specified dollar amount. The length of the payout is determined by the account value and a set purchase rate. If you should die before the annuity is exhausted, your beneficiary could either continue the payout or receive the remaining lump sum.

For example:

Payee dies before all annuity payments are received.

- Beneficiary receives payments to end of annuity amount or adjusted lump sum.