



Nationwide Retirement Solutions

Distribution Request for 401(a), 401(k), & 403(b) Governmental Plans

Personal Information

Participant Name:	Participant SSN or Account #:
Mailing Address:	
City, State ¹ , & Zip Code:	
Date of Birth:	Phone Number ² :
Email Address:	
How would you like to be contacted if additional information is required? <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

¹NRS will use the state provided in your mailing address as your state of residency for tax purposes, unless instructed otherwise.

²Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

Plan Type (Check the plan type that applies. Please complete one form per plan type)

401(a) 401(k) 403(b)

Distribution Reason (Check the option that applies) *See Important Information section for more detail

- | | |
|---|---|
| <input type="checkbox"/> Severance of Employment | <input type="checkbox"/> Total & Permanent Disability |
| <input type="checkbox"/> Normal Retirement Age (Over 59½) | <input type="checkbox"/> Required Minimum Distribution (Over 70½) |
| <input type="checkbox"/> Withdrawal of After-Tax Voluntary Contributions* | <input type="checkbox"/> Plan Termination |
| <input type="checkbox"/> Withdrawal of Rollover Contributions* | <input type="checkbox"/> Reservist called to Active Military Service Distribution |

Employer Authorization

- Your employer must complete this section, if this is your first distribution request
- This section is not required for 1) participants with previous distributions from the plan, 2) distributions from Deemed IRA's, and 3) participants who are currently employed and age 70½ or older.

_____ **(initial here)** By initialing this box, the Plan Sponsor is certifying that employee is a Public Safety Officer as defined by the Defending Public Safety Employees Retirement Act and the IRC.

Employer Name:	Employer #:
Authorized Representative (Print):	Phone Number:
Authorized Representative Signature:	Date:
Authorized Representative Position/Title:	
Hire Date:	Severance Date:
Hours Worked (Applicable for plan with vesting) Current Plan Year Ending:	Hours:

Distribution Source* (Select One Option)

Proportionately (Default Option) Source Specific Fund Specific

If source specific or fund specific option selected, please indicate which source(s) or fund(s):

Source	Amount or %**	OR	Fund Name	Amount or %**

*If a source is not listed, your funds will be disbursed prorata.

**Amounts must be in whole percentages

One Time Payment** (Select One Option)

- Entire account balance
- Partial amount of \$ _____ Minimum of \$25* (Amount including tax withholding)

*The terms of the Plan Document govern the minimum amount allowed for partial one-time payments. Some plans require a \$1,000 minimum for a partial one-time payment.

** Skip to "Payment Method" section on page 3, if you select this option

Payout Options

Frequency: Monthly Quarterly Semi-Annually Annually

If no payment frequency is selected, payment will be set-up for the default option of monthly.

Systematic Start Date: _____

If start date is not provided, the payment start date will be the date your request is processed. The receipt date of your payment is dependent upon the payment method you select.

SELECT ONE SYSTEMATIC PAYMENT OPTION

Fixed Dollar Payment

Specified amount (minimum of \$25) paid to you until your account balance is zero (final payment may be less).

The number of payments you receive will vary depending on the earnings (gains/losses) your account experiences.

Payment Amount: \$ _____ (Amount including tax withholding)

Please check to include the cost of living adjustment (COLA)

Fixed Period Payment

Account balance paid to you for the number of years selected. The actual dollar amount will vary depending on the earnings (gains/losses) your account experiences, and the duration requested. You must choose a calculation method for your payment. If no calculation method is selected, payments will default to the standard method with annual calculations.

Number of Years: _____ (1-30 years)

Please select a calculation method:

Standard: Annually (Default Option) **OR** Per Pay Period

Assumed Growth Rate: COLA# (#Cost of living adjustment) 3% 4% 5% 6% 7% 8% 9%

Life Expectancy and Lifetime Payment

Please select a calculation method:

Life Expectancy / Joint Life Expectancy*: Life Expectancy **OR** Joint Life Expectancy*

Lifetime / Joint Lifetime*: Lifetime **OR** Joint Lifetime*

*Joint Life and Joint Lifetime calculations will be based on the joint life expectancy of you and your primary beneficiary at the time of calculation.

Beneficiary Date of Birth (MM/DD/YYYY): _____

Important Information

Contributions & Money Sources

Contributions received after the effective date of this request will be returned to the participant. Funds will be withdrawn equally across all money sources and investment options for each requested distribution unless instructed otherwise. Distributions from rollover and Roth sources may be subject to an early withdrawal penalty. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

Distribution Reasons

The terms of the Plan Document govern the availability of distribution types. All distribution types offered on this form may not be permitted under the terms of your Plan.

Self-Directed Brokerage Account

If you have money in the Self-directed Brokerage account and the requested amount exceeds your core account balance, you will need to transfer funds back to the core account before your request can be processed. If you select a systematic payment, you will need to maintain a sufficient balance in your core account to cover your elected amount.

If you would like to confirm or update your beneficiary information, please visit our website at nrsforu.com or contact our customer service center at 877-677-3678.

Payment Method (select one)

- ACH Instructions on File - Send funds to my bank account that Nationwide has on file.
- Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected)
- I authorize NRS to send my payout check to me via overnight check to address of record for a fee of \$25 (We will deduct the \$25 from your account. Please also note, we can't offer overnight delivery to a PO Box and Saturday delivery may not be available in your area).
- New Direct Deposit ACH (complete information below)

Financial Institution Information:

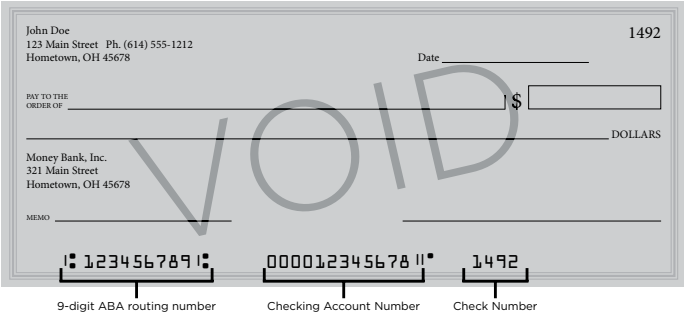
Financial Institution Name

Account Type: Checking Savings

If account type is not selected, checking will be used.

Transit/ABA routing Number

Account Number



Account Verification: The following documents are required to verify ownership of the account provided:

- Checking Accounts: Please include a pre-printed voided check with this authorization.
- Savings Accounts: Please include a letter from the bank, signed by a bank representative, which indicates the ABA routing number, the account number and the account holder's name for verification.

NOTE: Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip or starter check for banking numbers.

Is this account associated with a brokerage firm or other investment firm? Yes No

If yes, have you confirmed that the ABA and account numbers are correct? Yes No

I hereby authorize Nationwide to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Nationwide to make a corrective reversal from this account. Further, I agree not to hold Nationwide responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Nationwide receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Nationwide. In the event this direct deposit authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.

Tax Withholding

Withholding for Lump sum and Systematic Distributions lasting less than 10 years

Federal withholding: Taxes will be withheld based on the 402(f) special tax notice; 20% is required to be withheld for federal income taxes. You may withhold an additional amount over the 20% required.

Line 1: Mandatory 20%

Line 2: Any additional amount _____% OR \$ _____

Add Line 1 Mandatory and Line 2 Additional for line 3 Total.

Line 3: Total federal withholding _____% **AND \$** _____

State withholding: State taxes will be automatically withheld if you are a resident in a state that mandates state income tax withholding. If you would like to adjust your state taxes, please complete and attach a state tax withholding form. These forms can be obtained from the State website; NRS does not supply these forms.

Withholding for Systematic Distributions equal to or greater than 10 years (including Required Minimum Distribution):

NOTE: Taxes will be withheld based on the 402(f) special tax notice)

- Required Minimum Distribution default of 10%
- I elect to opt out of federal tax withholding (0%)
- I would like to withhold _____% OR \$ _____ from each systematic payment

By completing this section, I understand my marital allowances will be "Married and 99 exemptions" to ensure NRS withholds the flat dollar amount or percentage I've elected.

I would like to have taxes withheld at the following tax table rates:

Married Single _____ Number of exemptions

Certification

I certify that under penalties of perjury that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
(FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Authorization

By signing this form, if I have an outstanding loan and I am requesting a total distribution of my account, I understand the outstanding loan balance will be part of this total distribution and may be taxable income reported to the IRS on Form 1099-R. Any pending loan payments may delay the processing of this withdrawal.

By signing below, I hereby acknowledge the following information: 1. Rollover contributions to governmental 457(b) plans that originated from qualified plans, IRAs and 403(b) plans are subject to the early distribution tax that applies to 401(a) / 401(k) plans unless an exception applicable to 401(a) / 401(k) plans applies. 2. Rollover contributions are subject to the Required Minimum Distribution (RMD) rules of the plan they are rolled into, not the plan or IRA from which they came.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. If you select a lump sum or systematic withdrawal lasting less than 10 years 20% of the taxable portion of the distribution paid to you will be withheld for federal income taxes. State taxes will be withheld where applicable. You must submit a Form W-4P (available at www.irs.gov), if you select a different form of distribution. State and federal taxes withheld will be reported on a form 1099-R.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I consent to a distribution as elected above. I understand that the terms of the plan document will control the amount and timing of any payment from the plan. Further, I certify that I have read and received the attached 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 form shall constitute a waiver of my rights to the 30 day notice requirement, if applicable. I certify that I have not become re-employed prior to the distribution elected on this form and to the extent that I have elected a systematic payment method, I will notify NRS that I am no longer eligible for a systematic payment.

I hereby authorize the above elected benefit and attest to the accuracy of the information.

Participant Signature (required):	Date (required):
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Form Return

By mail: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

By email: rpublic@nationwide.com
By fax: 877-677-4329

Did you remember to:

- Select a payment method, frequency, and receipt date?
- Sign and date the form?
- Include all pages in the return envelope?