



Plan Type

Select Plan Type: 457(b) 401(a)

(All funds will be withdrawn on a pro-rata basis from the selected accounts within the plan.)

Participant Information

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

Employment Verification

I certify I am currently employed by _____ (Employer Name) and I am not eligible to begin an RMD this year. I understand I am required to receive an RMD payment in the calendar years in and after I separate from employment with this employer.

RMD Election

Start Date: Immediately To begin on (date): _____

Note: The begin date cannot exceed the April 1 of the calendar year following the calendar year in which you attain age 70 1/2 or retire. If you elect to defer your first RMD payment, you will receive two RMD payments in that calendar year.

Payment Frequency: Monthly Quarterly Semi-Annually Annually

If no payment frequency is selected, the RMD payment will be made annually. If the start date is not selected, it will be made immediately.

Tax Withholding

Federal Tax: NRS will withhold federal tax as required by the IRS from the payment you choose. See the Special Tax Notice Regarding Plan Payments for specific tax information and IRS required withholding before completing. You may elect below to have no withholding from your required minimum distribution or systematic payments that last 10 years or more. The standard federal tax withholding rate is 10%. Please skip this section unless you would like a different amount or percentage to be withheld.

I would like additional federal tax withheld above the IRS mandatory 10% in the amount of: \$ _____
OR _____%

Do Not withhold federal tax in accordance with my election of Form W-4P from my required minimum distribution or systematic payment lasting 10 years or more.

State Tax: 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 web site, NRS does not supply these forms.

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) ACH Instructions on File - Send funds to my bank account that NRS has on file.
- Direct Deposit ACH (complete information below)

Financial Institution Information:

Bank Name

ABA (routing) Number

Account Number

Account Type: Checking Savings

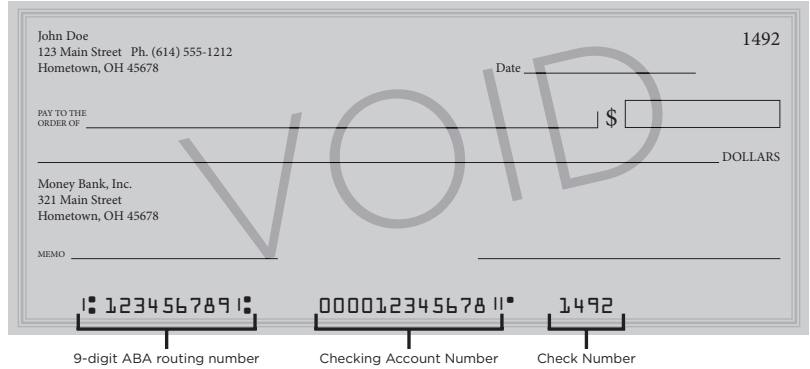
NOTE: If left blank, we will default to checking.

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.



Certification

Under penalties of perjury, I certify that:

1. The number shown 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 by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS 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.
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

Authorization

Under penalties of perjury, I certify my employment status as indicated on this form is true and accurate.

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

Participant Signature:	Date:
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NOTE: If you would like to confirm or update your beneficiary information, please visit our website at www.nrsforu.com or contact our customer service center at 1-877-677-3678.

Form Return

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

By fax: 877-677-4329