



County of Fresno, CA

Deferred Compensation Plan

Retirement Benefit Options

Personal Information

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

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

Payment Request

Select one option:

- Initiate payout
- Stop current payments (Systematic Withdrawal Options only)
- Change/Restart (Wish to change/restart option or distribution amount)

Distribution Reason (Check the option that applies)

Note: See Important Information section for more detail

- Severance of Employment
- Retirement
- Disability
- Required Minimum Distribution
- In-Service

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

Payout Options (Select One Option)

One Time Payment*

- Entire account balance
- Partial amount of \$ _____
- One-time Required Minimum Distribution (will be processed upon receipt)

Systematic Payment Option

All funds will be withdrawn on a pro-rata basis across all investment options. If you are currently receiving a systematic withdrawal, please note that all of your assets under the plan, including rollover accounts, will be included in your new systematic withdrawal election.

Frequency: Monthly Quarterly Semi-Annually Annually

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

Payout Options (Select One Option) (continued)

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.

Fixed Dollar Payment

Specified amount 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 (The annual calculation will be used if no method is elected):

Standard: Annually OR Per Pay Period

Assumed Growth Rate: Cost of Living Adjustment 3% 4% 5% 6% 7% 8% 9%

Required Minimum Distribution

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*

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

*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.

Important Information

Money Sources

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 additional excise tax.

If you would like to confirm or update your beneficiary information, please visit our website at Fresno457.com or contact our customer service center at 877-MYFC457.

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:

Account Type: Checking Savings

Bank Name

ABA (routing) Number

Account Number

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.

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 20%. 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 20% in the amount of:

\$ _____ OR _____ %

I have a required minimum distribution or systematic payment lasting 10 years or more and would like federal tax withheld based on my election on Form W-4P

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.

John Doe
123 Main Street Ph. (614) 555-1212
Hometown, OH 45678

Date _____ 1492

PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS

Money Bank, Inc.
321 Main Street
Hometown, OH 45678

MEMO _____

⑆ 123456789 ⑆ 000012345678 ⑆ 1492

9-digit ABA routing number Checking Account Number Check Number

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

By signing below, I hereby authorize the above elected benefit and attest to the accuracy of the information. I certify that I have received and read the "Special Tax Notice Regarding Plan Payments." The Special Tax Notice Regarding Plan Payments is available at Fresno457.com or by calling 877-MYFC457 (877-693-2457). 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.

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. If you elect a different form of payment, you must complete a Form W-4P. State taxes will be withheld where applicable. 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.

Participant Signature:	Date:
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Defending Public Safety Employees' Retirement Act of 2015

You don't have to pay a 10% penalty on IRA, 401k, etc. distributions.

Check this box IF:

1. You are a public safety officer; AND
2. You are requesting a distribution of funds that were rolled over from an IRA, 401k, etc.

Plan Sponsor:	Date:
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By signing, 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.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CONTACT US AT 877-MYFC457 (877-693-2457).

Form Return

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

By fax: 877-677-4329

Did you remember:

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