



# City of Baltimore Retirement Savings and Deferred Compensation Plans Incoming Assets Form

## Personal Information

Participant Name:	SSN or Account Number:
Mailing Address:	City, State & ZIP:
Phone 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	

## Rollover/Transfer Funds From

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

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

## Rollover/Transfer Funds To

Rollover funds to (Plan Type):  457(b)  401(a) **OR** (Money Source):  Roth 457(b)

Make check payable to: Nationwide  
FBO (Participant Name, SS#, Acct#)

Amount to Rollover/Transfer:  
 Partial Dollar Amount \$ \_\_\_\_\_  
 Total Account Balance \$ \_\_\_\_\_

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

## 457(b) to 457(b) Incoming Assets

The 457(b) Plan Document allows participants who leave one employer and accept a position with a new employer, the option to TRANSFER or ROLLOVER the assets from the first employer. The choice of transfer or rollover will determine when the assets are available for distribution from your NRS account.

I have severed from employment from my previous employer on \_\_\_\_\_ (date).

### The difference between a transfer and rollover:

- Following a Transfer, withdrawal of assets is permitted only when the account holder experiences a distributable event. (e.g. Severance of employment or age 70 ½.)
- Following a Rollover, withdrawal of assets is permitted at any time pursuant to the account holder's request.

Please make your selection:  TRANSFER  ROLLOVER

## Investment Direction to Nationwide

Credit my rollover/transfer according to the current allocation on file

\*If you do not indicate your allocation choices, your rollover will be credited to your current allocation.

\*\*Additionally, if you select an investment option that is closed, your rollover/transfer will be credited to the American Funds Target Retirement Fund closest to your age

OR  Credit my rollover/transfer as listed below:

Investment Option	Percent
Must total	100%

## Authorization

I hereby elect and authorize the rollover/transfer indicated above. I certify that I satisfy the requirements for making a pre-tax 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 Nationwide shall not be responsible for those tax consequences.

Upon receipt, I hereby request my funds to be invested as directed on this form. I understand that some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

Nationwide Retirement Solutions hereby agrees to accept the 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.

**Important: Please liquidate and transfer all securities necessary to complete this transaction.**

Participant Signature:	Date:
Retirement Specialist Name (Print):	Date:

Please note: \*A Medallion Signature Guarantee may be required. Please contact your surrendering financial institution to confirm.

Medallion Signature Guarantee Stamp Here