



City of Kansas City, MO Deferred Compensation Plan Incoming Assets Form

Deferred Compensation Plan

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Nationwide Retirement Solutions (NRS) adheres to the USA Patriot Act's Anti-Money Laundering program requirements. NRS actively monitors and prohibits illegal money laundering of concealed funds generated from a criminal enterprise. Please carefully complete all required sections of this document. We are unable to process forms with incomplete or missing information. If you require assistance in completing this form or need additional information, please contact us at 866-350-KCMO.

Personal Information

Employer Name: _____ Employer Number: _____

Name: _____

SSN : _____ Home Phone: _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Paperless Communication: By providing your email address, you are consenting to receive electronic communications as it relates only to this form and related to this distribution request unless otherwise elected below.

I wish to be contacted via the telephone number provided above. I wish to be contacted via US mail.

Rollover/Transfer Funds From

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

Carrier/Custodian Name: _____ Account Number: _____

Contact Name: _____ Contact Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Rollover/Transfer Funds To

Plan Type: 457 Plan

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

Mail check to: Nationwide Retirement Solutions
P.O. Box 183150
Columbus, Ohio 43218

Amount to Rollover/Transfer:

Partial dollar amount \$ _____

Total account balance

Please liquidate and transfer all securities necessary to complete the transaction

457(b) to 457(b) Incoming Assets (only complete if moving one 457(b) account to another 457(b) account)

Some 457(b) Plan documents allow 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 70½ (or age 72 if born after June 30, 1949))
- 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 Retirement Solutions

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

OR

Credit my rollover/transfer as listed below

Investment Option(s)	Percent
Must Total 100%	

If you do not indicate your allocation choices, your rollover/transfer will be credited to your current allocations.

Additionally, If you select an investment option that is closed, your rollover/transfer will be credited to the the Asset Allocation Fund closest to the year you turn age 65.

Authorization

I acknowledge that I have received and read the fund prospectuses for the investment options I have elected above. I understand that my direct rollover will become subject to the terms and conditions of the plan. I understand that all distributions will be withdrawn on a pro-rated basis across all accounts within the plan selected. I certify that I satisfy the requirements for making a tax-free 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 NRS shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds to be invested as directed on this form. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

Nationwide Retirement Solutions hereby agrees to accept the direct 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.

Participant Signature: _____ **Date:** _____

Retirement Specialist Name (Print): _____ Date: _____

Form Return

Upon completion of this form, please return the original signed document to:

Nationwide Retirement Solutions
 PO Box 182797
 Columbus, Ohio 43218