Maryland Supplemental Retirement Plan
Incoming Assets Form

Instructions

Please complete all sections of this form. Submitting an incomplete form will cause a delay in processing. To expedite processing, please provide us with all of the following items when submitting your request:

- ☐ A completed Incoming Assets form
- ☐ A recent statement of account from your previous plan provider
- ☐ Distribution paperwork from your previous provider, completed and signed
- ☐ The appropriate signature requirements from your previous employer
- ☐ The check made payable to: Nationwide Retirement Solutions, FBO (Participant Name, SSN)

If you require assistance in completing this form or need additional information, please contact us at 1-443-886-9402 or toll-free at 1-800-966-6355.

Personal Information

Name: ______________________________ SSN: ______________

Date of Birth: ______________ Date of Hire: ______________ Agency Code: ______________

Street Address: ______________________________

City: ______________________________ State: __________ ZIP: __________

Email: ______________________________ Primary Phone: ______________

How would you like to be contacted if additional information is required? ☐ Phone ☐ Email

Rollover/Transfer Funds From:

Plan Type: ☐ 457 plan ☐ 401(k) plan ☐ 401(a) plan ☐ Traditional IRA ☐ Other: ______________

Money Source: ☐ Salary Reduction (Pre-Tax) ☐ Employer Match ☐ Roth ☐ TSP/Federal

Is this transfer or rollover sourced from a governmental employer-sponsored retirement plan? ☐ Yes ☐ No
(city/county, public college/university, public school system)

Date of First Contribution: ______________

Amount to Rollover/Transfer: ☐ Total account balance ☐ Partial dollar amount*: $______________

Carrier/Custodian Name: ______________________________ Account Number: ______________

Mailing Address: ______________________________

City: ______________________________ State: __________ ZIP: __________

Contact Name: ______________________________ Phone: ______________

*The Plan only accepts rollovers of 100% of the balance from the sourcing plan when the sourcing plan is also within the State of Maryland.

Incoming/Transfer Funds To:

Plan Type: ☐ 457(b) ☐ 401(k) ☐ 401(a) ☐ Roth 457(b) ☐ Roth 401(k)

If transferring funds to Roth:

Date of the first Roth contribution: ______________

Roth cost basis amount: $______________

Investment Direction

☐ Credit my rollover/transfer according to my current investment election for new contributions **OR**
☐ Credit my rollover/transfer as listed below (Must total 100%)

NOTE: in the list below, (*) = only available for 457(b), 401(k) and 401(a) plans; (**) = only available for 403(b) plans

T.Rowe Price Target Date Retirement Funds**

________% T.Rowe Price Retirement 2005 (I Class)
________% T.Rowe Price Retirement 2010 (I Class)
________% T.Rowe Price Retirement 2015 (I Class)
________% T.Rowe Price Retirement 2020 (I Class)
________% T.Rowe Price Retirement 2025 (I Class)
________% T.Rowe Price Retirement 2030 (I Class)
________% T.Rowe Price Retirement 2035 (I Class)
________% T.Rowe Price Retirement 2040 (I Class)
________% T.Rowe Price Retirement 2045 (I Class)
________% T.Rowe Price Retirement 2050 (I Class)
________% T.Rowe Price Retirement 2055 (I Class)
________% T.Rowe Price Retirement 2060 (I Class)
________% T.Rowe Price Retirement 2065 (I Class)

Fixed Income Option

________% Investment Contract Pool*

Bonds

________% State Street U.S. Bond Index Non-Lending (M)
________% TCW Core Fixed Income Fund (I)

Balanced

________% Fidelity Puritan Fund

Large Cap

________% William Blair Large Cap Growth Commingled Investment Fund (CIT*)
________% Large Value I1*
________% Putnam Large Cap Value (Y share class**)
________% State Street S&P 500 Index Non-Lending (K)
________% T.Rowe Price Structure Research Trust D (CIT*)
________% Parnassus Equity Income Fund - Institutional

Mid Cap

________% Janus Enterprise Fund (N**)
________% Mid Cap Growth Fund II*
________% State Street S&P Mid Cap Index Non-Lending (M)
________% T. Rowe Price Mid Cap Value Fund

Small Cap

________% T. Rowe Price Institutional Small Cap. StockFund
________% State Street Russell Small Cap Index Non-Lending (K)

International

________% American Funds - EuroPacific Growth Fund (R6)
________% State Street International Index Non-Lending (M)

Great Gray Trust T.Rowe Price Target Date Retirement Funds*

________% Great Gray Trust T. Rowe Price Retirement Date 2005 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2010 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2015 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2020 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2025 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2030 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2035 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2040 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2045 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2050 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2055 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2060 Trust
________% Great Gray Trust T. Rowe Price Retirement Date 2065 Trust

Authorization

If you take a distribution from your MSRP account prior to age 59½, it may be subject to an additional 10% early withdrawal tax. I understand that investing involves market risk; no investment strategy can guarantee a profit or avoid loss; and that I may request fund prospectuses for more information on the investment options listed above.

I understand that my direct rollover will become subject to the terms and conditions of the plan. I certify that this rollover/transfer represents an amount which is eligible for rollover, and is from an eligible retirement plan. MSRP and Nationwide are entitled to rely fully on my certification. I expressly assume responsibility for the eligibility of this rollover/transfer and any tax consequences relating to this rollover/transfer. Upon receipt, I hereby request my funds to be invested as directed on this form.

I understand that failure to complete this form accurately will result in processing delays. Some mutual funds may impose a short-term trading fee. Please read the underlying prospectus carefully.

Printed Name: ______________________________

Signature (required): ______________________________

Date (required): ______________________________

Retirement Specialist Name: ______________________________

Agent Number: ____________

Registered Principal Signature (required): ______________________________

Date (required): ______________________________

Medallion Signature Guarantee Stamp Here

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

Form Return

If you choose to fax the documentation, you still need to mail the check to the address below.

Mail to: Nationwide Retirement Solutions
11350 McCormick Road
Executive Plaza 1, Suite 400
Hunt Valley, MD 21031

OR

Fax to: 1-410-697-5572