



Kent County Parks Department Retirement Savings Plan

Beneficiary • Alternate Payee Distribution Form

Participant Information

Beneficiary Distribution (check one): Spouse Non-Spouse

Alternate Payee Distribution (Domestic Relations Order) (check one): Ex-Spouse Other

| | |
|--------------------------|-------------------------------------|
| Participant Name: | Participant Social Security Number: |
| Payee's Name: | Payee's Social Security Number: |
| Payee's Relationship: | Payee Date of Birth: |
| Mailing Address: | Phone Number: |
| City, State, & Zip Code: | |

Beneficiary Designation

This form will replace any previous beneficiary selections. Please indicate the names of the beneficiaries, addresses, the split you'd like each one of them to receive, your relationship to the beneficiaries, their Social Security numbers and their dates of birth.

PLEASE NOTE: Percentage split must total 100% for each category of beneficiary.

If additional space for beneficiaries is required, attach additional sheets and mark this box: You must indicate how much you want each one of them to receive. If you don't indicate the percentage, payments will be distributed equally. Must be in whole percentages and equal 100%.

Primary Beneficiary(ies) (must total 100%):

| | | | |
|---------|--------------|-------------------|---------|
| Name | Relationship | Social Security # | Phone # |
| Address | | Date of Birth | % Split |

Contingent Beneficiary(ies) (must total 100%):

| | | | |
|---------|--------------|-------------------|---------|
| Name | Relationship | Social Security # | Phone # |
| Address | | Date of Birth | % Split |

Payout Options (continues on next page)

If this request is a beneficiary claim, submit a certified copy of the death certificate with this form. If the payee is a minor, legal guardianship papers must also be included. If there are multiple payees, each must complete a copy of this form and all documents must be submitted at the same time. Descriptions of the payout options are on the back of this form. Not all options are available for non-spousal beneficiaries. For more information, please contact us at 877-677-3678.

Plan Type: 401(k) Plan (All funds will be withdrawn on a pro-rated basis across all accounts within the plan selected.)

Select an option:

| | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Option 1 | Lump Sum: (If you are a Spousal Beneficiary or Ex-Spousal Alternate Payee, complete the Eligible Rollover Distribution Section) | |
| <input type="checkbox"/> 1A | Partial Lump Sum Payment of \$_____. | |
| <input type="checkbox"/> 1B | Lump Sum for the remainder of the account balance. | |

Payout Options (continued)

| | |
|-----------------------------------|---|
| <input type="checkbox"/> Option 2 | Systematic Withdrawal: All funds will be withdrawn on a prorated basis across all investment options. Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually |
| <input type="checkbox"/> 2A | Designated Amount of \$ _____ <i>If you are a Spousal Beneficiary or an Ex-Spousal Alternate Payee and the payments are expected to last less than 10 years, complete the Eligible Rollover Distribution section below.</i> |
| <input type="checkbox"/> 2B | Designated Period of _____ years. (1-30) <i>If you are a Spousal Beneficiary or an Ex-Spousal Alternate Payee and the payments are less than 10 years, complete the Eligible Rollover Distribution section below.</i> |
| <input type="checkbox"/> 2C | Required Minimum Distribution (<i>Must be at least 70 ½. This option is not eligible for rollover.</i>) <i>See Payout Option section of this form for additional details.</i> |

Eligible Rollover Distribution

This option is available **only** to Spousal Beneficiaries and Ex-Spousal Alternate Payees. Complete only if you have elected a lump sum distribution or a systematic withdrawal that is reasonably expected to last less than 10 years.

Pay directly to me. I understand 20% of the taxable amount of the eligible rollover distribution will be withheld for federal income taxes.

Please Note: If you wish to request a rollover, please complete the enclosed Rollover Request form and return it to Nationwide.

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.

Authorization

I certify that I have received and read the "Special Tax Notice Regarding Plan Payments."

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. You must submit a W-4P with this request if you elected a form of payment that is not an eligible rollover distribution. Payments will be reported on a 1099-R Form. State taxes will be withheld where applicable.

____ If applicable, I elect to waive the 30 day notice period as outlined in the "Special Tax Notice Regarding Plan Payments."
(Initial)

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 or Beneficiary Signature: | Date: |
|---------------------------------------|-------|

Form Return

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



Kent County Parks Department Retirement Savings Plan Payout Option Descriptions

Partial Lump Sum Payment

This option provides for a single payment in the amount requested from the value of your account. If you choose this option, please also complete the Eligible Rollover Distribution Section.

Lump Sum Payment

This option provides for the payment of the full value of your account in a single payment. If you choose this option, please also complete the Eligible Rollover Distribution Section.

Systematic Withdrawal Options

Your account is maintained on the Administrator's Accumulation System and continues to earn either recurrent interest in the fixed return or fund investment performance if in Mutual Fund Options, throughout the payout period. You will continue to receive quarterly statements. In the event of your death prior to the exhaustion of your account, upon their claim, the beneficiary will receive payments until the account is exhausted or a lump sum payment of the remaining account balance. All funds are withdrawn on a prorated basis.

Designated Amount

This option provides for payments of the designated amount until your account is exhausted. The final payment will be the balance of your account. Please indicate the amount to be paid, your beneficiary, their relationship, their Social Security number and their birth date. If payments are expected to last less than 10 years, please complete the Eligible Rollover Distribution Section.

Exchanges are permitted, subject to annual exchange limitations.

For example: Annuitant dies prior to the exhaustion of the account.

- Upon their claim, the beneficiary receives monthly payments until the account is exhausted or a lump sum payment of the remaining account balance.

Designated Period

This option allows you to choose the number of years you will receive payments. Your payment may fluctuate if some or all of your money is invested in Mutual Fund Options. Please indicate the amount to be paid, your beneficiary, their relationship, their Social Security number and their birth date. If designated period is less than 10 years, please complete the Eligible Rollover Distribution Section.

Exchanges are permitted, subject to annual exchange limitations.

For example: Annuitant dies prior to the exhaustion of the account.

- Upon their claim, the beneficiary receives monthly payments until the account is exhausted or a lump sum payment of the remaining account balance.

Required Minimum Distribution

A minimum distribution of your account is generally required to begin when you attain age 70 1/2. This payment option will only pay the minimum that is required to be paid to you each year. The amount that is required to be distributed will be calculated for each distribution year in accordance with regulations under Section 401(a)(9) of the Internal Revenue Code. The Required Minimum Distribution (RMD) will usually be different for each year because of the changes in your account balance and the change in your life expectancy. This payment option is not available unless you have attained age 70 1/2 and cannot be rolled over to another eligible retirement plan or IRA. Please indicate the amount to be paid, your beneficiaries, their relationship, their Social Security numbers and their birth dates.

For example: Annuitant dies prior to the exhaustion of the account.

- Beneficiary receives monthly payments until the account is exhausted or a lump sum payment of the remaining account balance.