



The purposes of this form are to claim your beneficial interest in a deceased Participant's account, elect your beneficiary status for use in determining any applicable Required Minimum Distributions ("RMD"), and to select payout options available under the plan. If you already claimed your beneficial interest in the Participant's account, all subsequent payout elections should be made through the Distribution Request Form in lieu of completing this Beneficiary Claim and Distribution Form.

**Beneficiary Information**

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State<sup>1</sup>: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Phone<sup>2</sup>: \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

<sup>1</sup> Nationwide will use the state provided in your mailing address as your state of residency for tax purposes.

<sup>2</sup> Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize Nationwide to contact you via telephone using automated technology to assist you with your account.

**Participant Information**

Name: \_\_\_\_\_ Account Number or SSN: \_\_\_\_\_

**Plan Type (select one - complete a separate form for each plan type)**☐ 457(b) ☐ 401(a) ☐ 401(k) ☐ 403(b) **NOTE:** If no option is selected, all applicable plan types will be processed.**Distribution Requirements**

Please note, the distribution requirements listed below assume the beneficiary is claiming their benefit prior to December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred. If the claim is made after this date, the requirements may vary and beneficiaries, including the surviving spouse, may lose access to some of the benefits otherwise available to them. Nationwide does not provide legal or tax advice. If you are unsure what beneficiary status is most beneficial to you, please consult you legal counsel or tax advisor.

**Surviving Spouse:**

If you are the surviving spouse of the Participant and you elect to be treated as the Participant, your RMD calculations will use the Uniform Lifetime Table and you may defer your initial RMD payment to the later of:

- December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred,

**OR**

- December 31 of the calendar year in which the Participant would have attained RMD age.

The election to be treated as the Participant is irrevocable.

If you are the surviving spouse of the Participant and you do not elect to be treated as the Participant, your RMD calculations will use the Single Life Expectancy Table and your initial RMD payment must occur no later than December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred.

**Eligible Designated Beneficiaries:**

Eligible Designated Beneficiaries, other than the Participant's surviving spouse electing to be treated as the Participant, may defer the initial RMD payment until December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred. Annual RMD payments are usually required for Eligible Designated Beneficiaries.

Eligible Designated Beneficiaries, including the Participant's surviving spouse, may instead elect application of the "10-year rule" if the Participant died before reaching their Required Beginning Date. The "10-year rule" does not require any annual distributions, but the beneficiary must receive their entire benefit by December 31 of the 10th calendar year following the calendar year in which the Participant's death occurred. If you wish to elect application of the "10-year rule," please select this option under the Eligible Designated Beneficiary status section below.

## Distribution Requirements (continued)

### Designated Beneficiaries:

Designated Beneficiaries must receive their entire benefit by December 31 of the 10th calendar year following the calendar year in which the Participant's death occurred. Designated Beneficiaries may defer the initial RMD payment until:

- December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred, if the Participant died after reaching their Required Beginning Date (note that annual RMD payments are required during the 10-year payout period).
- December 31 of the 10th calendar year following the calendar year in which the Participant's death occurred, if Participant died before reaching their Required Beginning Date (no annual RMD payments are required during the 10-year period).

### Non-Designated Beneficiaries:

An estate, non-qualified trust, charity, or other organization may defer the initial RMD payment until:

- December 31 of the calendar year immediately following the calendar year in which the Participant's death occurred, if the Participant died after reaching their Required Beginning Date.
- December 31 of the 5th calendar year following the calendar year in which the Participant's death occurred, if Participant died before reaching their Required Beginning Date.

## Beneficiary Status (select only one among options listed on this and the following page)

### Eligible Designated Beneficiary

Individuals who wish to qualify as an Eligible Designated Beneficiary must request this status when claiming the account, otherwise those individuals will be subject to the (RMD) rules applicable to Designated Beneficiaries. Your status is based on whether you qualify as an Eligible Designated Beneficiary as of the date of the death of the participant.

#### ☐ Surviving Spouse

☐ I wish to be treated as the Participant for RMD purposes. I understand that this election is irrevocable.

#### ☐ Individual with a Disability

An individual will be considered disabled (within the meaning of IRC §72(m)(7) if that individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment (or if under 18 years of age, has a medically determinable physical or mental impairment that results in marked and severe functional limitations), and that can be expected to result in death or to be of long-continued and indefinite duration.

Please provide any of the following documentation:

- A copy of a letter from a licensed health care practitioner certifying that you qualify as disabled within the meaning of the statute
- IRS Form 1040 Schedule R
- Social Security Disability Benefit Verification Letter
- Any documentation from a state or federal agency which states that you have a disability within the meaning of the statute

#### ☐ Individual with a Chronic Illness

An individual will be considered as living with a chronic illness (within the meaning of IRC §7702B(c)(2) if that individual is unable to perform at least two of the six activities of daily living (ADLs) for a period of at least 90 days, due to loss of functional capacity OR requires substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairment and is certified by a licensed health care practitioner.

- Please provide a copy of a letter from a licensed health care practitioner certifying that you qualify as chronically ill within the meaning of the statute.

#### ☐ Individual not more than 10 years younger than Participant

#### ☐ Minor Child of Participant

An individual may qualify as the child of a Participant if that individual is:

- the biological or adopted child of the Participant; and
- has yet to reach 21 years of age.
- Please provide a copy of the child's birth certificate or order granting the adoption

#### ☐ "10-year rule" elected by the surviving spouse or other Eligible Designated Beneficiary (available only if Participant's death occurred prior to the RBD)

### Designated Beneficiary

#### ☐ Individual other than an Eligible Designated Beneficiary

**Beneficiary Status (continued)****Non-Designated Beneficiary**

- ☐ Estate  
☐ Charity  
☐ Other Organization

**Living or Testamentary Trust**

- ☐ A trust

If a trust qualifies as a "see-through" trust, the beneficiaries may be treated as Designated Beneficiaries or Eligible Designated Beneficiaries, as applicable. If the trust does not qualify as a "see-through" trust, the trust will be treated as a Non-Designated Beneficiary. The beneficiary classification determine how RMDs are calculated.

Please provide a copy of the trust document, will, or Certification of Trust.

Name of Trustee: \_\_\_\_\_

**Qualified "see through" Trust Status (select appropriate answer to questions)**

- Does the trust qualify as a "see-through" trust within the meaning of Treasury Regulation § 1.401(a)(9)-4?  
☐ Yes ☐ No ☐ Unknown
- Please provide the names, dates of birth, and beneficiary status (including specific Eligible Designated Beneficiary status outlined above) for all beneficiaries of the trust. If the beneficiary status requires validation, please provide the documentation.

Name	Date of Birth	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed, please provide on a separate sheet.

**Payout Options (select one)**

All funds will be withdrawn on a pro-rata basis across the selected accounts within the plan.

**1. One-Time Payment** to be paid directly to you:

- ☐ **Total account balance:** (100%) If you select this option, you will be liquidating your entire account.  
☐ **Partial distribution:** \$ \_\_\_\_\_ (minimum \$25 including tax withholding)

**NOTE:** Check your Plan Document; some plans require a \$1,000 minimum for a partial one-time payment.

**2. Direct Rollover to an Individual Retirement Account (IRA) or Eligible Retirement Plan:**

- ☐ **Total account balance:** (100%) If you select this option, you will be rolling over your entire account.  
☐ **Partial rollover:** \$ \_\_\_\_\_ OR \_\_\_\_\_%

The rollover check will be mailed to the new provider indicated below and made payable to them in your name.

A signed Letter of Acceptance from the new provider (financial institution) on their letterhead is required and **MUST** accompany this form to process your rollover request. If the rollover is to a Roth account, the Letter of Acceptance must mention the acceptance of Roth funds.

- ☐ I have requested that a Letter of Acceptance be sent to Nationwide from the receiving company.  
☐ I am including the Letter of Acceptance from the receiving company with this form.

**New Provider Information:**

Provider Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

New Plan/Account Type (select one): ☐ IRA ☐ Roth IRA ☐ Qualified Plan ☐ 403(b) ☐ Governmental 457(b)

**NOTE: Non-spousal Beneficiaries must roll over to an Inherited IRA.** You should check with your IRA provider to ensure the inherited IRA is established properly.

## Payout Options (continued)

### 3. Required Minimum Distribution (RMD):

- ☐ Defer initial payment until latest date on which Nationwide may process a RMD in compliance with the RMD rules applicable to this account.

For more information about this option or establishing systematic payments, contact the Nationwide Customer Solutions Center or visit [nrsforu.com](http://nrsforu.com).

### 4. Defer Payment:

- ☐ I am not required to receive a benefit payment at this time. I wish to defer payments to a later date.
- If selected, proceed to the Authorization section.

## Payment Method (select one)

**NOTE:** Direct Deposit ACH is not available to financial institutions outside of the United States.

- ☐ **Mail Check:** Send check by first class mail to my address of record. Allow 5-10 business days from process date for delivery. If no other option is selected, your payment will be issued by check and mailed.

- ☐ **Direct Deposit ACH Authorization:** Send funds to the financial institution indicated below.

### Financial Institution Information:

Financial Institution Name \_\_\_\_\_ Account Type: ☐ Checking ☐ Savings  
If account type is not selected, checking will be used.

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**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 routing 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.**

## Income Tax Withholding

### Federal income tax withholding:

#### Withholding election for direct payment:

There is a mandatory 20% withholding for federal income taxes. You may elect to withhold an additional percentage. If you wish to do so, please indicate this below.

- ☐ I wish to have an additional percentage of Federal Income Tax withheld. At the time of submission, a Form W-4R Federal Tax Withholding Form is **required**. The current Form W-4R form can be found on the IRS website at [www.irs.gov/forms-pubs-search](http://www.irs.gov/forms-pubs-search)

**NOTE: If we don't receive the Form W-4R, Nationwide will default to withholding taxes based on the current Internal Revenue Code (IRC) withholding rules.**

#### Withholding election for RMD payments:

Federal income taxes are withheld at the current default rate of 10% unless you elect otherwise. If you wish a different withholding percentage, please select one of the options listed below.

- ☐ I elect to opt-out of federal income tax withholding; 0% withholding
- ☐ I wish to have a different percentage of Federal Income Tax withheld. At the time of submission, a Form W-4R Federal Tax Withholding Form is **required** at time of submission. The current Form W-4R can be found on the IRS website at [www.irs.gov/forms-pubs-search](http://www.irs.gov/forms-pubs-search)

**NOTE: If we don't receive the Form W-4R, Nationwide will default to withholding taxes based on the current IRC withholding rules.**

**State income tax withholding:** 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 website; Nationwide does not supply these forms.

## Beneficiary Designation

### IMPORTANT NOTES:

- Only complete this section if you are not receiving a lump sum distribution or rolling the account to another eligible retirement plan, IRA, or inherited IRA.
- Not all plans permit beneficiaries to designate successor beneficiaries. If the plan from which you are inheriting the account identified above does not permit successor beneficiary designations, any designations made here will not be honored.
- Allocations must total 100% for each category (primary and contingent) and must be in whole numbers; decimal and fraction percentages are not permitted
- If you designate a single primary or contingent beneficiary and do not list a percentage, the allocation will be designated as 100%

☐ **I have additional beneficiaries.** To designate more than four of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

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

- 1. Individual/Organization Name:** \_\_\_\_\_ **Allocation:** \_\_\_\_\_%  
**Relationship:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 2. Individual/Organization Name:** \_\_\_\_\_ **Allocation:** \_\_\_\_\_%  
**Relationship:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 3. Individual/Organization Name:** \_\_\_\_\_ **Allocation:** \_\_\_\_\_%  
**Relationship:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 4. Individual/Organization Name:** \_\_\_\_\_ **Allocation:** \_\_\_\_\_%  
**Relationship:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

In the event that your primary beneficiaries predecease you, or are otherwise revoked by law or the plan document, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

- 1. Individual/Organization Name:** \_\_\_\_\_ **Allocation:** \_\_\_\_\_%  
**Relationship:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 2. Individual/Organization Name:** \_\_\_\_\_ **Allocation:** \_\_\_\_\_%  
**Relationship:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 3. Individual/Organization Name:** \_\_\_\_\_ **Allocation:** \_\_\_\_\_%  
**Relationship:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 4. Individual/Organization Name:** \_\_\_\_\_ **Allocation:** \_\_\_\_\_%  
**Relationship:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## Tax ID Certification

**NOTE:** Backup withholding does not apply to retirement plan distributions. FATCA does not apply as this is a U.S. account. Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number or Social Security Number listed 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 that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - c. The Internal Revenue Service 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, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

## Beneficiary Authorization (signature is required to process)

By signing this form, I understand and certify the following:

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.
3. State and federal income tax withholding will be reported on a form 1099-R.
4. The terms of the Plan Document will control the amount and timing of any payment from the Plan.
5. If I elect to receive this distribution before the end of the 30 day minimum notice period, my signature on this election form shall constitute a waiver of my rights to the 30 day notice requirement, if applicable.
6. I have received and read the 402(f) Special Tax Notice Regarding Plan Payments. This notice summarizes the federal (not state or local) tax rules which may apply to my distribution and explains how I can continue to defer federal income tax on my retirement plan savings in the Plan. It contains important information for me to review before I decide how to receive my Plan benefits.
7. I authorize the distribution as elected above.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trustee/Executor (if required):

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Contact the Customer Solutions Center at 1-877-677-3678 to request a free hard-copy of the 402(f) Special Tax Notice.

## Beneficiary Instructions for Payout

To establish your Beneficiary account:

- If the account value is \$100,000 or greater
  - Submit an original Death Certificate with this completed Beneficiary Distribution Form.
- If the account value is less than \$100,000
  - Submit a copy of the Death Certificate with this completed Beneficiary Distribution Form.

If the Beneficiary is a minor, legal guardianship/conservatorship papers must also be included. If there are multiple Beneficiaries, each Beneficiary must complete a form.

Not all options are available for non-spousal Beneficiaries. For more information, contact the Nationwide Solutions Center.

## Form Return

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

**Email:** [rpublic@nationwide.com](mailto:rpublic@nationwide.com)

**Fax:** 1-877-677-4329

**Did you remember to:**

- ☐ Sign and date the form?
- ☐ Complete the Participant and Beneficiary Information sections on page 1 and 2 in their entirety?
- ☐ Include all necessary documentation to validate your status as an Eligible Designated Beneficiary?
- ☐ Select only one payout option if you are choosing to take a distribution?
- ☐ Include a Death Certificate listing a cause of death if one is not already on file?
- ☐ Include a Divorce Decree and Property Settlement Agreement if you were Divorced from the Participant?
- ☐ Provide a Letter of Acceptance from the receiving company if you selected the rollover option for either a Traditional IRA as a Spouse or an Inherited IRA if you are a non-spouse?

**FOR PLAN SPONSOR USE ONLY**

Nationwide will direct this form to the Plan Sponsor if authorization is required.

**Plan Sponsor Authorization (401(k) and 401(a) only)**

- ☐ I authorize the withdrawal of retirement plan benefits as requested by the beneficiary and attest to the accuracy contained herein.
- ☐ I authorize the distribution of retirement plan benefits in a single sum payment based on the plan's beneficiary small balance cash withdrawal provisions (beneficiary consent not required). I understand that the cash withdrawal provision may only be used if allowed in the plan.

I acknowledge that I have reviewed the Beneficiary Designation form on file and authorize the withdrawal of such benefits as requested by the beneficiary based on the information and certification contained herein.

**Benefits to be paid to (select one):** ☐ Spouse ☐ Non-Spouse ☐ Guardian ☐ Participant's Estate

**Percentage of total account to this Beneficiary:** \_\_\_\_\_%

**For Checks Mail to:** ☐ Beneficiary (address on page 1) ☐ Rollover Company (address on Letter of Acceptance)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: Electronic or stamped signatures are not permitted.**