



Beneficiary Designation Form

Phone: (855) 616-4776 • savingsplusnow.com

Processing will be completed within 3-5 business days of receipt of a properly completed and signed form.

1. Participant Information

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____

Phone Type: Home Work Cell

Plan Type(s) (select all that apply): 401(k) 457(b) PST (Part-time, Seasonal, and Temporary)

NOTE: Complete separate forms if beneficiary designations differ by Plan.

2. Beneficiary Designation (required fields noted with an asterisk *)

IMPORTANT NOTES:

- Beneficiary designations are not permitted on beneficiary accounts.
- Beneficiaries listed below will replace any prior designation.
- 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. If you want to designate more than two of each type of beneficiary, you may attach pages with the additional beneficiary information. Allocations must still total 100% for each category.

For a Trust designation, include a copy of the Trust title page, the Trust signature page, and names of the Trustees with this form.

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

1. Full Name*: _____ Allocation*: _____%

Relationship*: _____ SSN/EIN: _____ Date of Birth*: _____

Address: _____ Phone: _____

2. Full Name*: _____ Allocation*: _____%

Relationship*: _____ SSN/EIN: _____ Date of Birth*: _____

Address: _____ Phone: _____

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

1. Full Name*: _____ Allocation*: _____%

Relationship*: _____ SSN/EIN: _____ Date of Birth*: _____

Address: _____ Phone: _____

2. Full Name*: _____ Allocation*: _____%

Relationship*: _____ SSN/EIN: _____ Date of Birth*: _____

Address: _____ Phone: _____

3. Signature

As a participant in the Savings Plus Plan(s) indicated above, I do hereby designate the above named beneficiary(ies).

Participant Signature: _____ Date: _____

4. Submission Instructions

You may submit your completed application by mail or fax, or you may be able to submit via DocuSign.

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

By Fax: (877) 677-4329

By DocuSign: Contact the Savings Plus Solutions Center