



457(b) Voluntary In-Service Withdrawal Request

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

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

1. Participant Information

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____

Phone Type: Home Work Cell

2. Eligibility Questions

Yes No

- Is your account balance greater than \$5,000? (total of pre-tax and Roth assets)
- Do you have an outstanding or defaulted 457(b) loan balance?
- Have you contributed to your 457(b) Plan in the previous 24 months?
- Have you previously received a voluntary withdrawal?
- Is there a legal hold on your account?

If you answered "Yes" to any of the questions above, you are ineligible to take a voluntary in-service withdrawal. To qualify, you must not have any contributions into or out of your 457(b) Plan within the previous 24 months. Upon receipt of your completed **457(b) Voluntary In-Service Withdrawal Request**, Savings Plus will notify you if this form cannot be approved.

3. Payment Method

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

- Direct Deposit on file:** Assets will be sent to the financial institution that Savings Plus has on file.
- Mail Check:** Your check will be mailed first class to your address on record with Savings Plus. 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. An additional \$2 fee will be deducted from your account.
- Overnight Check:** Your check will be mailed overnight at your expense to your address on record with Savings Plus. An additional \$25 fee will be deducted from your account. PO Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2 business days from process date for delivery.
- New Direct Deposit Authorization:** Assets will be sent to the financial institution that you indicate below.

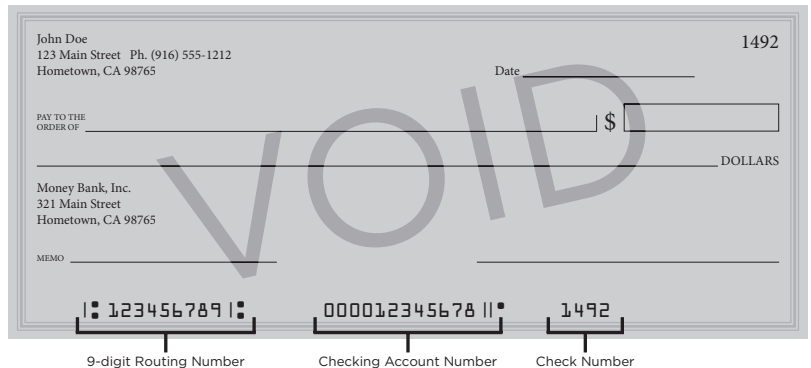
Financial Institution Information:

Financial Institution Name _____

Account Type: Checking Savings
If account type is not selected, checking will be used.

Routing Number _____

Account Number _____



NOTE: If information is not completed correctly or no option is selected, a check will be sent to your address on file.

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 Savings Plus to initiate automatic direct deposits to my account at the financial institution named above. In the event an error is made, I authorize Savings Plus to make a corrective reversal from this account. Further, I agree not to hold Savings Plus responsible for any delay or loss of funds due to incorrect or incomplete information which I supplied or due to an error caused by my financial institution. This authorization will remain in effect until I submit a new **Direct Deposit/Debit Authorization Form** to Savings Plus to change or revoke this authorization or until Savings Plus receives a written notice of cancellation from my financial institution.

4. Income Tax Withholding Information

Federal Income Tax Withholding

Federal income taxes are withheld based on the payment method. Refer to the **402(f) Special Tax Notice Regarding Plan Payments** located in the **Forms/Publications/Governing Documents and Reports** tab at savingsplusnow.com.

The payment is reported to the IRS as ordinary income and is subject to mandatory 20% federal withholding. You may not waive this withholding. You may elect to withhold an additional amount.

This form allows you to modify the amount of federal income tax withholding from your payment(s). You are not permitted to specify a total dollar amount for withholding. However, you may elect to supplement your withholding amount by designating an additional percentage or dollar amount to be withheld.

If you choose to modify the amount of federal income tax withholding with this form, the modification will only apply to this specific payment.

Special withholding rules apply to payments to non-U.S. citizens. Please refer to IRS Publication 505: *Tax Withholding and Estimated Tax*, IRS Publication 515: *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and IRS Publication 519: *U.S. Tax Guide for Aliens* for further information.

Additional federal income tax withholding: Only mandatory taxes will be withheld as stated above unless you elect otherwise.

Line 1: Mandatory _____% 20 %

Line 2: Any additional amount _____% OR \$ _____

Add percents from Line 1 and Line 2 and carry down the dollar amount from Line 2 for line 3 Total.

Line 3: Total federal withholding _____% AND \$ _____

State Income Tax Withholding

All California residents are subject to California State income tax withholding at the rate of 10% of federal withholding unless you request otherwise by completing a **California State Withholding Certificate for Pension or Annuity Payments (DE 4P)**.

California State Withholding Certificate for Pension or Annuity Payments (DE 4P)

A **DE 4P** allows you to modify the amount of California State income tax withholding from your payment(s). You are not permitted to specify a dollar amount withholding on the **DE 4P**. However, you may elect to modify your withholding amount by designating an additional dollar amount to be withheld or claiming exempt.

If you choose to modify the amount of state income tax withholding with a **DE 4P**, the modification will only apply to the withdrawal request to which the **DE 4P** is attached. If you live outside California, consult your state taxing authority for more information. The **DE 4P** form is available at edd.ca.gov or contact the Savings Plus Solutions Center to have one mailed to you.

Form 1099-R Tax Document

For tax reporting, a Form 1099-R will be issued by January 31 of the year following your payment.

5. Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan withdrawals. 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.

6. Signature

I hereby request a withdrawal of my total account balance less any mandatory or elected income tax withholding. I certify that I have received the **402(f) Special Tax Notice Regarding Plan Payments** located in the **Forms/Publications/Governing Documents and Reports** tab at savingsplusnow.com and, by signing, I waive the 30-day notice. I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge.

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 Signature: _____ **Date:** _____

You may contact the Savings Plus Solutions Center for a hard copy of the **402(f) Special Tax Notice Regarding Plan Payments**.

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