



Personal Information

Plan Type (Complete a separate form for each plan type): [] 457(b) [] 401(k)
Name: _____
Date of Birth: _____ SSN: _____ Gender: [] Male [] Female
Street Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Date of Separation: _____
Email: _____
How would you like to be contacted if additional information is required? [] Phone [] Email

Action Requested

- [] Initiate payout
[] Change/Restart (Wish to change/restart option or distribution amount.)
[] Stop current payments (Systematic Withdrawal Options only.)

Payout Options

IMPORTANT: All funds will be withdrawn on a pro-rata basis across all money sources for each requested distribution. If you wish to specify that a single money source (457(b) Pre-tax, 457(b) Roth, 401(k) Pre-Tax, 401(k) Roth or rollover) be liquidated first before withdrawing from the other, or if you wish to withdraw from a specific fund, please indicate in the special instructions area below. Distributions from my account are taxable and any distribution from my 401(k) or rollover source prior to my attaining age 59 1/2 may be subject to an additional 10% early withdrawal tax unless an exception applies. Please contact Customer Service at 877-652-5115 to discuss whether your distribution may be subject to an early withdrawal excise tax.

Date distribution is to begin: Month: _____ Year: _____

Please elect only one option.

Lump Sum: (Check only one box below)

- [] Lump Sum for the remainder of the account balance
[] Partial Distribution in the amount of \$ _____
[] Lump Sum for inservice withdrawals (457(b) Plans only)

NOTE: Inservice withdrawals subject to rules, please talk to your local representative for more details.

Systematic Withdrawal: All funds will be withdrawn on a pro-rata basis. If you would like a specific money source or fund, please notate in the special instructions below.

Frequency: [] Monthly [] Quarterly [] Semi-Annually [] Annually

- [] Designated Amount of \$ _____
[] Please check here if you would like to include the COLA (cost of living adjustment)

[] Designated Period of _____ years. (1-30)

[] Required Minimum Distribution (Must be at least 70 1/2, This options is not eligible for rollover)
See Payout Option section of this form for additional details.

[] Lifetime/Joint Lifetime Payment

- [] Lifetime Payment OR [] Joint Lifetime Payment

Beneficiary's Date of Birth: _____

NOTE: If you would like your distribution sent Direct Deposit, please complete the Automatic Deposit Authorization form and submit with payout form and voided check.

Payout Options (continued)

Nationwide Purchased Annuities: (457(b) Plans only. Your election of a purchased annuity is irrevocable.)

Single Life Annuity (No Beneficiary)*

Fixed Variable

Life Income with Payments Certain*

Fixed Variable 5 years 10 years 15 years 20 years 25 years 30 years

Joint and Survivor*

Fixed Variable 50% 66⅔% 75% 100%

Survivor: _____

Address: _____

City: _____ State: _____ ZIP: _____

SNN: _____ Phone Number: _____ Date of Birth: _____

Fixed Designated Period of _____ years (3-20)

Designated Amount of \$_____.

***Attach proof of date of birth for Life Annuity, Life Income and Joint & Survivor**

Rollover Distributions: If you wish to rollover your funds, please call a contact Customer Service at 877-652-5115.

Special Instructions: _____

Payment Method (select one)

- ACH Instructions on File - Send funds to my bank account that Nationwide has on file.
- Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected)
- I authorize NRS to send my payout check to me via overnight check to address of record for a fee of \$25 (We will deduct the \$25 from your account. Please also note, we can't offer overnight delivery to a PO Box and Saturday delivery may not be available in your area).
- New Direct Deposit ACH (complete information below)

Financial Institution Information:

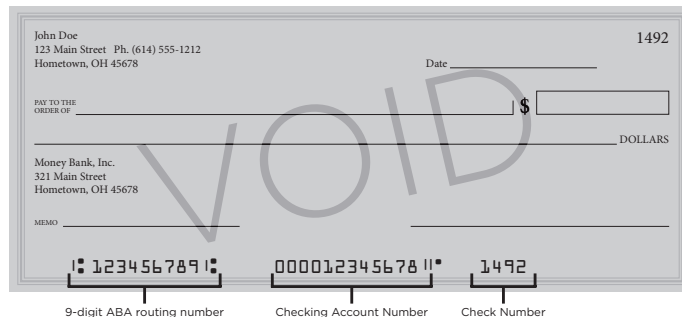
Financial Institution Name _____

Account Type: Checking Savings

If account type is not selected, checking will be used.

Transit/ABA routing Number _____

Account Number _____



Account Verification: The following documents are required to verify ownership of the account provided:

- **Checking Accounts:** Please include a pre-printed voided check with this authorization.
- **Savings Accounts:** Please include a letter from the bank, signed by a bank representative, which indicates the ABA routing number, the account number and the account holder's name for verification.

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 ABA 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.**

Tax Withholding**Withholding for Lump sum and Systematic Distributions lasting less than 10 years**

Federal withholding: Taxes will be withheld based on the 402(f) special tax notice; 20% is required to be withheld for federal income taxes. You may withhold an additional amount over the 20% required.

Line 1: Mandatory 20%

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

Add Line 1 Mandatory and Line 2 Additional for line 3 Total.

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

State withholding: State 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; NRS does not supply these forms.

Withholding for Systematic Distributions equal to or greater than 10 years (including Required Minimum Distribution):

NOTE: Taxes will be withheld based on the 402(f) special tax notice)

Required Minimum Distribution default of 10%

I elect to opt out of federal tax withholding (0%)

I would like to withhold _____% OR \$ _____ from each systematic payment

By completing this section, I understand my marital allowances will be "Married and 99 exemptions" to ensure NRS withholds the flat dollar amount or percentage I've elected.

I would like to have taxes withheld at the following tax table rates:

Married Single _____ Number of exemptions

Certification

I certify that under penalties of perjury 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.
(FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Authorization

I certify that I have received the "Special Tax Notice Regarding Plan Payments". I understand that by signing this form, I am agreeing to waive my rights to the 30-day notice period described in the Special Tax Notice unless I note otherwise in the special instructions section.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. If you elect to receive a lump sum or systematic withdrawal lasting less than 10 years, 20% of the taxable portion of the distribution paid to you will be withheld for Federal income taxes. If you elect a systematic withdrawal lasting more than 10 years, the default amount for Federal income taxes withheld is based on the IRS tax table and a status of Married and three dependents. If you would like to have Federal income taxes withheld at a percentage other than those described above, please complete your W-4P accordingly and payments will be reported on a 1099-R Form. State taxes will be withheld where applicable.

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

Signature: _____ Date: _____

Form Return

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

Email: rpublic@nationwide.com
Fax: 877-677-4329



City of Tempe Deferred Compensation Program Payout Option Descriptions

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Partial Distribution

This option provides for a single payment in the amount requested from the value of your account.

Lump Sum Distribution

This option provides for the payment of the full value of your account in a single payment.

Systematic Withdrawal Options

Your account is maintained on Nationwide's Accumulation System and continues to earn either recurrent interest in the fixed return or fund investment performance if in the investment return option, 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. If you are a spousal or non-spousal beneficiary, please contact the service center for additional options. 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.

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

- Upon their claim, the beneficiary receives periodic 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 the amount of some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate the amount to be paid, your beneficiary, their relationship, their Social Security Number and their birth date

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

- Upon their claim, the beneficiary receives periodic 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 required to begin when you attain age 70½, unless you are still working. This payment option will only pay the minimum that is required to be paid to you each year. In accordance with the plan and regulations under Section 401(a)(9). The amount that is required to be distributed will be calculated for each distribution year in accordance with proposed 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 70½ and payments cannot be rolled over to another eligible retirement plan or IRA. Please indicate the amount to be paid, your beneficiary, their relationship, their Social Security Number and their birth date

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

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

Lifetime/Joint Lifetime Payment

This payment is recalculated annually based on life or joint life expectancy of you and your joint payee at the time of calculation.

Purchased Annuity Options

Your account is removed from Nationwide's Accumulation System and your account balance is used to purchase an annuity contract that you select. Purchase rates are subject to change monthly. However, once you have purchased an annuity, the benefit amount will remain the same for the life of the annuity (except for variable annuities). You will receive an annuity certificate stating the terms of the contract. (Please call the Products Service Center at (800) 634-5222 for a quote.)

Single Life Annuity: This option provides equal payments over your lifetime. At the participant's death, payments will stop. There is no named beneficiary. Attach proof of date of birth.

For example: Payee dies after two payments are made - no death benefit payable.

Life Income With Payments Certain

This option provides payments for your lifetime. If you die before the selected number of guaranteed payments has been made, payments will continue to your named beneficiary until the total number of guaranteed payments (5, 10, 15, 20, 25, or 30 years) has been made to you and your beneficiary. If you die after the guaranteed number of payments has been made, no death benefit is payable. Please select a guaranteed period and indicate your beneficiary, their relationship, their Social Security Number, their birth date, and attach proof of your date of birth.

For example: 20 Years Certain - Payee dies in the 5th year.

- Beneficiary receives 15 years of monthly payments or an adjusted lump sum payment.

Joint & Survivor

This option provides payments for you and your survivor for your lifetimes. Upon your death, payments will continue to survivor, if he or she is living. No other beneficiaries are permitted under this option. Payments to the survivor may be a percentage (50%, 66 $\frac{2}{3}$ %, 75% 100%) of the original amount. Please name your survivor, their relationship, their Social Security Number and their date of birth on the lines provided and attach proof of date of birth for both you and your survivor.

For example: Payee dies and survivor is still living.

- Survivor receives the monthly benefit for as long as they live at 50%, 66 $\frac{2}{3}$ %, 75%, or 100% of the original amount.

For example: Payee dies and survivor is also deceased.

- No death benefit, once the annuitant and the survivor are deceased the annuity is over.

Fixed Designated Period

This option provides for payments for the number of years chosen. You may select any whole number of years between 3 and 20, inclusive. If you should die before the end of the period, payments will continue to the beneficiary. Please indicate the number of years to be paid and indicate your beneficiary, their relationship, their Social Security Number and their birth date.

For example: Payee dies prior to the end of the designated number of years.

- Beneficiary receives payments to the end of the designated period or an adjusted lump sum payment.

Designated Amount

This option provides for payments of a specified dollar amount. The length of the payout is determined by the account value and a set purchase rate. If you should die before the annuity is exhausted, your beneficiary could either continue the payout or receive the remaining lump sum.

For example: Payee dies before all annuity payments are received.

- Beneficiary receives payments to end of annuity amount or adjusted lump sum

Variable Investment Option

I understand that if my plan account remains invested in variable investment options, the amount or duration of retirement income payments may be affected by the investment experience of the investment options. I understand that retirement income payments and termination values (if any), provided by the contract are variable when based on the investment experience of a separate account and are not guaranteed as to the dollar amount.