



**Maricopa County
Deferred Compensation Program
Payout Request Form**

Personal Information

Distribution Source: <input type="checkbox"/> 457 Pre Tax <input type="checkbox"/> 457 Roth <input type="checkbox"/> Rollover Pre-Tax <input type="checkbox"/> All	
Participant Name:	Participant SSN:
Mailing Address:	
City, State* & Zip Code:	
Date of Birth:	Phone Number:
Email Address:	Date of Separation:
How would you like to be contacted if additional information is required? <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

*NRS will use the state provided in your mailing address as your state of residency for tax purposes, unless instructed otherwise.

Action Requested

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

Distribution Source* (Select One Option)

- Proportionately (Default Option) Source Specific Fund Specific

If source specific or fund specific option selected, please indicate which source(s) or fund(s):

Source	Amount or %**	Fund Name	Amount or %**

*If a source is not listed, your funds will be disbursed pro-rata. **Amounts must be in whole percentages

One Time Payment** (Select One Option)

- Entire account balance
 Partial amount of \$ _____
 Minimum of \$25.00* (Amount including tax withholding)

*The terms of the Plan Document govern the minimum amount allowed for partial one-time payments. Some plans require a \$1,000 minimum for a partial one-time payment.

** Skip to "Payment Method" section on page 3, if you select this option

Systematic Payment Option

Frequency: Monthly Quarterly Semi-Annually Annually

If no payment frequency is selected, payment will be set-up for the default option of monthly.

Systematic Start Date: _____

If start date is not provided, the payment start date will be the date your request is processed. The receipt date of your payment is dependent upon the payment method you select.

- Fixed Dollar Payment:** Specified amount (minimum of \$25.00) paid to you until your account balance is zero (final payment may be less). The number of payments you receive will vary depending on the earnings (gains/losses) your account experiences.

Payment Amount: \$ _____ (Amount including tax withholding)

- Fixed Period Payment:** Account balance paid to you for the number of years selected. The actual dollar amount will vary depending on the earnings (gains/losses) your account experiences, and the duration requested. You must choose a calculation method for your payment. If no calculation method is selected, payments will default to the standard method with annual calculations.

Number of Years: _____ (1-30 years)

Please select a calculation method:

Standard: Annually (Default Option) OR Per Pay Period

Assumed Growth Rate: Cost of Living Adjustment 3% 4% 5% 6% 7% 8% 9%

- Lifetime Payment** (Please select a calculation method)

Lifetime / Joint Lifetime*: Lifetime OR Joint Lifetime*

Beneficiary Date of Birth (MM/DD/YYYY): _____

*Joint Lifetime calculations will be based on the joint life expectancy of you and your primary beneficiary at the time of calculation.

- Required Minimum Distribution** (*Must be at least 70 ½, This options is not eligible for rollover*)

Note: The Recalculation Method recalculates your payment amount annually by dividing your December account balance by the number of remaining payments. Payment amounts will change in January of each year.

Nationwide Purchased Annuities (Please select a calculation method)(Your election of a purchased annuity is irrevocable.)

- Single Life Annuity (No Beneficiary)*:** 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.

Fixed Variable

- 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 beneficiaries until the total number of guaranteed payments has been made to you and your beneficiary.

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

Variable

- Joint and 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.

Fixed – 50% 66⅔% 75% 100% |

Variable

Survivor: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

SSN: _____ Phone Number: _____ Date of Birth: _____

- 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.

Number of Years: _____ (3-20)

- Designated Amount:** This option provides for payments of a specified dollar amount, not less than \$25.00. The length of the payout is determined by the account value and a set purchase rate.

Payment Amount: \$ _____.

* 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 Retirement Specialist at 800-598-4457, Option 2

Important Information

Money Sources

Funds will be withdrawn equally across all money sources and investment options for each requested distribution unless instructed otherwise. Distributions from rollover and Roth sources may be subject to an additional excise tax.

Distribution Reasons

The terms of the Plan Document govern the availability of distribution types. All distribution types offered on this form may not be permitted under the terms of your Plan.

Self-Directed Brokerage Account

If you have money in the Self-directed Brokerage account and the requested amount exceeds your core account balance, you will need to transfer funds back to the core account before your request can be processed. If you select a systematic payment, you will need to maintain a sufficient balance in your core account to cover your elected amount.

If you would like to confirm or update your beneficiary information, please visit our website at maricopadc.com or contact our customer service center at 800-598-4457.

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)ACH Instructions on File - Send funds to my bank account that NRS has on file.
- Direct Deposit ACH (complete information below)

Financial Institution Information:

Bank Name

ABA (routing) Number

Account Number

Account Type: Checking Savings

NOTE: If left blank, we will default to checking.

John Doe
123 Main Street Ph. (614) 555-1212
Hometown, OH 45678

Date _____ 1492

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

Money Bank, Inc.
321 Main Street
Hometown, OH 45678

MEMO _____

⑆ 123456789 ⑆ 00012345678 ⑆ 1492

9-digit ABA routing number Checking Account Number Check 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 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

Under penalty 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.
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 and read the "Special Tax Notice Regarding Plan Payments". If I elect to receive this distribution before the end of the 30-day minimum notice period, my signature on this election shall constitute a waiver of my rights to the 30-day notice requirement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. If you select 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. You must submit a W-4P with this request 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.

Participant or Beneficiary Signature:

Date:

Form Return

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

Fax: 877-677-4329