



State of Idaho
457 Plan Deferred Compensation
 Payout Request Form

Personal Information

Plan Type: <input type="checkbox"/> 457(b) Pre-Tax	
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.

Distribution Reason (Check the option that applies)

Important: Any deferral received after the effective date of your payout will be returned to you and be reported as wages on a 1099-R.

- Severance from Employment (Please complete distribution instructions.)
- Death Claim (Please attach certified copy of death certificate and complete distribution instructions.)
- Change (Wish to change 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 %**	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 \$ _____
 (Amount including tax withholding)

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

Payout Options (Select One 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)

Payout Options (continued)

Systematic Payment Option (continued)

- 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%

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

Purchased Annuities

Nationwide Fixed Group Annuity (Please select a calculation method. Your election of a purchased annuity is irrevocable.)

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

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

- 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.

50% 66⅔% 75% 100%

Survivor: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

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

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

- 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: \$ _____.

If you wish to transfer or rollover your funds, please contact a Retirement Specialist by Calling 866-432-6789 for the appropriate forms.

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 idahodc.com or contact our customer service center at 866-432-6789.

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:

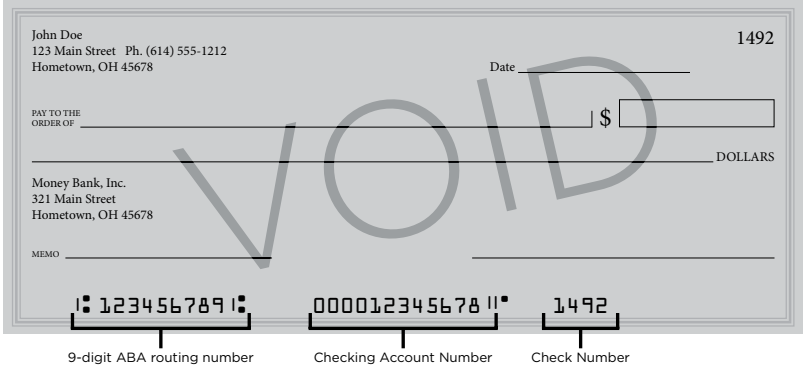
Bank Name _____

ABA (routing) Number _____

Account Number _____

Account Type: Checking Savings

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



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

Federal Tax: NRS will withhold federal tax as required by the IRS from the payment you choose. See the Special Tax Notice Regarding Plan Payments for specific tax information and IRS required withholding before completing. You may elect below to have no withholding from your required minimum distribution or systematic payments that last 10 years or more. The standard federal tax withholding rate is 20%. Please skip this section unless you would like a different amount or percentage to be withheld.

- I would like additional federal tax withheld above the IRS mandatory 20% in the amount of:
\$ _____ OR _____ %
- I have a required minimum distribution or systematic payment lasting 10 years or more and would like federal tax withheld based on my election on Form W-4P
- Do Not withhold federal tax in accordance with my election of Form W-4P from my required minimum distribution or systematic payment lasting 10 years or more.

State Tax: 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 web site, NRS does not supply these forms.

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

By signing this form, If I have an outstanding loan and I am requesting a total distribution of my account, I understand the outstanding loan balance will be part of this total distribution and may be taxable income reported to the IRS on form 1099-R. Any pending loan payments may delay the processing of this withdrawal.

By signing below, I hereby acknowledge the following information: 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.

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. State taxes will be withheld where applicable. You must submit a Form W-4P (available at irs.gov), if you select a different form of distribution. State and federal taxes withheld will be reported on a form 1099-R.

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

I consent to a distribution as elected above. I understand that the terms of the plan document will control the amount and timing of any payment from the plan. Further, I certify that I have read and received the attached 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 form shall constitute a waiver of my rights to the 30 day notice requirement, if applicable.

Participant Signature (required):	Date (required):
State Authorization:	Date

Form Return

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

By fax: 877-677-4329