



City of Phoenix Deferred Compensation Program Incoming Assets/Rollover Form

Personal Information

Name: _____
 Date of Birth: _____ SSN or Account Number: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Phone Number: _____ Department: _____
 Email: _____ Gender: Male Female

Rollover/Transfer Funds From

- | | | |
|--|--|--|
| <input type="checkbox"/> 401(a) Governmental | <input type="checkbox"/> 401(a) Qualified/Non Governmental | <input type="checkbox"/> 401(a) Drop |
| <input type="checkbox"/> 403(b) Governmental | <input type="checkbox"/> 403(b) Qualified/Non Governmental | <input type="checkbox"/> 457(b) Governmental |
| <input type="checkbox"/> 401(k) Governmental | <input type="checkbox"/> 401(k) Qualified/Non Governmental | <input type="checkbox"/> Deemed Traditional IRA |
| <input type="checkbox"/> Roth 401(k) | <input type="checkbox"/> Roth 403(b) | <input type="checkbox"/> TSP (Thrift Savings Plan) |
| <input type="checkbox"/> Roth 457(b) | <input type="checkbox"/> Traditional IRA | |

Carrier/Custodian Name: _____ Account Number: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Contact Phone: _____

Rollover/Transfer Funds To

Plan Type: 457(b) plan 401(a) Plan

Make check payable to: Nationwide
 FBO (Participant Name, SS#, Acct#)

Amount to Rollover/Transfer:
 Partial Dollar Amount \$ _____
 Total Account Balance

Mail check to: Nationwide Retirement Solutions
 PO Box 183150
 Columbus, OH 43218

NOTE: Please liquidate and transfer all securities necessary to complete this transaction

457(b) to 457(b) Incoming Assets

Some 457(b) Plan documents allow participants who leave one employer and accept a position with a new employer, the option to TRANSFER or ROLLOVER the assets from the first employer. The choice of transfer or rollover will determine when the assets are available for distribution from your NRS account.

I have severed from employment from my previous employer on _____ (date).

The difference between a transfer and rollover:

- Following a Transfer, withdrawal of assets is permitted only when the account holder experiences a distributable event. (e.g. Severance of employment or age 70½.)
- Following a Rollover, withdrawal of assets is permitted at any time pursuant to the account holder's request.

Please make your selection: TRANSFER ROLLOVER

Investment Direction to Nationwide

- Allocate my rollover/transfer according to the current allocation on file
- Allocate my rollover/transfer as listed below:

Investment Option	Percent
_____	%
_____	%
_____	%

Must total 100%

NOTE: If you do not indicate your allocation choices, your rollover will be credited to your current allocation. Additionally, if you select an investment option that is closed, your rollover/transfer will be credited to the Plan’s default investment option.

Authorization

By signing below, I understand that my Rollover/Transfer will become subject to the terms and conditions of the plan. I certify that I satisfy the requirements for making this Rollover/Transfer and this represents an amount which is eligible for Rollover/Transfer. Nationwide Retirement Solutions is entitled to rely fully on my certification. I expressly assume responsibility for the eligibility of this Rollover/Transfer and any tax consequences relating to this Rollover/Transfer and I agree Nationwide Retirement Solutions will not be responsible for those tax consequences.

I hereby request my funds to be allocated and invested as directed on this form. I understand some mutual funds may impose a short term trading fee. Please read the underlying fund prospectuses carefully.

Nationwide Retirement Solutions hereby agrees to accept the Rollover/Transfer described herein and upon receipt will deposit the proceeds within five business days in your account.

Signature: _____ **Date:** _____

Retirement Specialist Name (Print): _____ **Agent #:** _____

Form Return

Please return your completed form to:

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

By email: rpublic@nationwide.com

By fax: 877-677-4329