



Personal Information

Plan Type: [] 457(b) [] 401(a)
Name: SSN:
Date of Birth: Gender: [] Male [] Female
Address: City, State, & ZIP:
Home Phone Number: Date of Separation:
Email Address:
Agency: Entity Number:

Action Requested

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

Distribution Source*

If source specific or fund specific option selected, please indicate which source(s) or fund(s). Amounts must be in whole percentages

- [] 1. Proportionately from all sources and funds (pro-rata) \$_____ or _____%
[] 2. From Specific Sources (indicate all that apply) [] 3. From Specific Funds (please list funds)
401(a) Pre-Tax \$_____ or _____% _____ \$_____ or _____%
457(b) Pre-Tax \$_____ or _____% _____ \$_____ or _____%
Roth* \$_____ or _____% _____ \$_____ or _____%
Other: _____ \$_____ or _____% _____ \$_____ or _____%

*Identify Roth money source: [] Contribution [] Rollover [] In-Plan Roth Conversion
- Year(s) of Conversion: _____

*If a source is not listed, your funds will be disbursed prorata.

Payout Options

Important: Any deferral received after the effective date of this payout will automatically be returned to the above-noted participant. Rollovers into your NRS 457 account are held in a separate account. Distributions are made on a pro-rated basis between the 457 account and rollover account. If you wish to specify that a single account (457 or rollover) be liquidated first, before withdrawing from the other, please submit a written request along with this form. Distributions from rollover accounts may be subject to early withdrawal penalties. Distributions from my account are taxable and any distribution from my account prior to my attaining age 59 1/2 may be subject to an additional 10% early withdrawal penalty unless an exception applies. Please contact the local office at (602) 266-2733 or Customer Service at 800-891-4749 to discuss whether your distribution may be subject to early withdrawal penalties.

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

- [] Express Mail Service Requested (to be paid by participant)

Please elect only one option.

- [] Option 1 - Lump Sum: (Check only one box)
[] 1A Lump Sum for the remainder of the account balance
[] 1B Partial Lump Sum in the amount of \$_____

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

Check here if Direct Deposit information is already on file with NRS []

Payout Options (continued)

Option 2 - Systematic Withdrawal: All funds will be withdrawn from the least risk to the most risk investment options.

Frequency: Monthly Quarterly Semi-Annually Annually

2A Designated Amount of \$ _____

Please check here if you would like to include the COLA (cost of living adjustment)

2B Designated Period of _____ years. (1-30)

2D Lifetime/Joint Lifetime Payment

Lifetime Payment **OR** Joint Lifetime Payment

Beneficiary's Date of Birth: _____

2C 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.

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

Check here if Direct Deposit information is already on file with NRS

Option 3 - Nationwide Purchased Annuities: (Your election of a purchased annuity is irrevocable.)

3A Single Life Annuity (No Beneficiary)*

Fixed Variable

3B Life Income with Payments Certain*

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

3C Joint and Survivor*

Fixed Variable 50% 66 2/3% 75% 100%

Survivor: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

3D Fixed Designated Period of _____ years (3-20)

3E 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 Retirement Specialist at 800-891-4749.

Special Instructions: _____

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.

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.

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. 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 Signature:	Date:
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Form Return

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

Fax: 877-677-4329



Partial Lump Sum 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 variable 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. 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. If payments are expected to last less than 10 years, please complete the Eligible Rollover Distribution Section on reverse side.

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. If designated period is less than 10 years, please complete the Eligible Rollover Distribution Section on reverse side.

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.

Required Minimum Distribution

A minimum distribution of the account is required to begin when age 70½ is attained. This payment option will only pay the minimum that is required to be paid each year. The amount that is required to be distributed will be calculated for each distribution year in accordance with 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 the account balance and the change in life expectancy. This payment option is not available unless age 70½ has been attained and cannot be rolled over to another eligible retirement plan or IRA. Please indicate the amount to be paid (a minimum of \$25.00), the beneficiary, their relationship, their Social Security number and their birth date.

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

- Beneficiary receives monthly 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 customer service at (602) 266-2733 or at 1-800-891-4749 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 your date of birth.

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

City of Phoenix Payout Option Descriptions

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.