



Personal Information

Name: SSN:
Mailing Address:
City, State\* & Zip Code:
Date of Birth: Phone Number:
Email Address:
How would you like to be contacted if additional information is required? Telephone Email

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

Action Requested

Please process my distribution with the following money sources

- Pre-Tax salary contribution Rollover All

If an option is not selected your distribution money source will default to pro-rata

- I am not required to receive a distribution at this time and I wish to defer payments until further notice or when minimum distributions are required.
Initiate payout Stop current payments (Systematic Withdrawal Options only.)
Change/Restart (Wish to change/restart option or distribution amount.)

One Time Payment\*\* (Select One Option)

- Entire account balance
Partial amount of \$

Minimum of \$25.00\* (Amount including tax withholding)

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

Payout Options

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%

## Payout Options (continued)

**Life Expectancy and Lifetime Payment** (Please select a calculation method)

Life Expectancy / Joint Life Expectancy\*:  Life Expectancy OR  Joint Life Expectancy\*

Lifetime / Joint Lifetime\*:  Lifetime OR  Joint Lifetime\*

Beneficiary Date of Birth (MM/DD/YYYY): \_\_\_\_\_

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

### Purchased Annuities

**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:** \$ \_\_\_\_\_.

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

**For Rollovers into an Individual Retirement Account (IRA) or another employer plan, please contact a Retirement Specialist by calling 844-547-8405 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 [NationwidePierceCounty.com](http://NationwidePierceCounty.com) or contact our customer service center at 844-547-8405.

## Beneficiary Designation

This form will replace any previous beneficiary selections. Please indicate the names of the beneficiaries, the split you'd like each one of them to receive, your relationship to the beneficiaries, their Social Security numbers and their dates of birth.

If additional space for beneficiaries is required, attach additional sheets and mark this box:  You must indicate how much you want each one of them to receive. If you don't indicate the percentage, payments will be distributed equally. Must be in whole percentages and equal 100%.

### Primary Beneficiary (must total 100%):

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

### Contingent Beneficiary (must total 100%):

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

## 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 \_\_\_\_\_ \$ \_\_\_\_\_

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

MEMO \_\_\_\_\_

⑆ 123456789 ⑆ 000012345678 ⑆ 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.

Continued on next page

## 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

**I certify that I have received and read the "Special Tax Notice Regarding Plan Payments". The Special Tax Notice Regarding Plan Payments is available at [NationwidePierceCounty.com](http://NationwidePierceCounty.com) or by calling 844-547-8405. 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 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. If you elect a different form of payment, you must complete a Form W-4P. State taxes will be withheld where applicable. State and federal taxes withheld will be reported on a form 1099R. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

The Internal Revenue Service does not require your consent to any provision of this the certifications required to avoid backup withholding. If you have any questions concerning this form, please contact us at 844-547-8405.

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

Participant Signature:

Date:

## Form Return

Please return your completed form to:  
Nationwide Retirement Solutions  
P.O. Box 182797  
Columbus, Ohio 43218-2797