



1. Plan Information

Plan Number: \_\_\_\_\_ Plan Name: \_\_\_\_\_

Plan Type: [ ] 401(k) [ ] 403(b) [ ] 401(a)

2. Participant Information

Name: \_\_\_\_\_ SSN/Account Number: \_\_\_\_\_

3. Alternate Payee Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to be contacted if additional information is required? [ ] Phone [ ] Email

4. Payout Options (select one)

NOTE: The distribution will be taken proportionately across all funds and sources of money.

[ ] Option 1: One-Time Cash Withdrawal: To receive a cash withdrawal, please select one option:

- [ ] Lump sum for the entire account balance
[ ] Partial withdrawal in the amount of \$\_\_\_\_\_

[ ] Option 2: Systematic Payments: (may or may not be available based on the Plan Document)

Frequency: [ ] Monthly [ ] Quarterly [ ] Semi-Annually [ ] Annually

If no payment frequency is selected, payment will be set up for a frequency of monthly.

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.

Systematic Payment Options (select one):

[ ] 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: \$\_\_\_\_\_

[ ] Please include the Cost of Living Adjustment (COLA)

[ ] 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. Please select a calculation method below:

Standard: [ ] Annually (Default Option) OR [ ] Per Pay Period

Assumed Growth Rate: [ ] COLA\* [ ] 3% [ ] 4% [ ] 5% [ ] 6% [ ] 7% [ ] 8% [ ] 9%

\*Cost of Living Adjustment

[ ] Life Expectancy and Lifetime Payment (may or may not be available based on the Plan Document)

Joint Life Expectancy and Joint Lifetime calculations will be based on the joint life expectancy of you and your primary beneficiary at the time of calculation. Please select a calculation method below:

Life Expectancy/Joint Life Expectancy: [ ] Life Expectancy OR [ ] Joint Life Expectancy

Lifetime/Joint Lifetime: [ ] Lifetime OR [ ] Joint Lifetime

**4. Payout Options (select one - continued)** **Option 3: Rollover (Please complete this section, and then proceed to the Authorization Section)** Rollover full plan account balance Rollover part of the plan account balance: \$ \_\_\_\_\_ OR \_\_\_\_\_% **Option 4: Rollover of Pre-tax vested balance to a ROTH IRA**

There is no tax free treatment for a distribution rolled over to a Roth IRA. This distribution will be reported as taxable income for the year distributed. Nationwide will not withhold Federal or State taxes unless specifically requested below.

 Rollover full plan account balance Rollover part of the plan account balance: \$ \_\_\_\_\_ OR \_\_\_\_\_%

Make check payable to: \_\_\_\_\_

Financial Institution

For Benefit of: \_\_\_\_\_

Name of Alternate Payee

\_\_\_\_\_  
Address of Financial Institution\_\_\_\_\_  
City, State, & Zip Code**NOTE:** If an address is not given on the form the address on the letter of acceptance will be used.

You must establish an account prior to requesting a transfer of assets to your new provider. **Please provide a signed letter of acceptance from your new provider with this claim form.**

Please note that there are special requirements for naming an inherited IRA, when such an IRA is required. You should check with your IRA provider to ensure the inherited IRA, when necessary, is established properly.

**5. Payment Method** 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) Send check overnight by UPS at my expense to my address of record. I understand there is an additional \$25.00 fee that will be deducted from my account. PO Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2 to 4 business days from process date for delivery. ACH Instructions on File - Send funds to my bank account that Nationwide has on file. Direct Deposit by ACH: Select one:  Checking Account  Savings Account\_\_\_\_\_  
Bank/Credit Union Name\_\_\_\_\_  
Bank/Credit Union Phone Number\_\_\_\_\_  
Account Number\_\_\_\_\_  
ABA Number\* (first nine digits only)

\*Your ABA number appears at the bottom of your checks. Also known as the routing number.

**NOTE:** Direct Deposit is only offered through members of the Automatic Clearing House (ACH).Is this account associated with a brokerage firm or other investment firm?  Yes  NoIf yes, have you confirmed that the ABA and account numbers are correct?  Yes  No

## 6. Federal and State Income Tax Withholding

**Do NOT complete this section if this distribution is only a rollover to another eligible retirement plan or IRA.**

For cash payments, if this section is left blank, Nationwide will withhold all mandatory federal and state income taxes.

**Federal: For cash payments, Nationwide will withhold mandatory 20% for Federal Taxes unless you elect more below.**

- Increase the 20% Federal Income Tax Withholding by: \_\_\_\_\_%  
(example: if you elect 5%, federal withholding will be 25%.)

**Federal: For repetitive payments, Nationwide will withhold as if you are married and claiming three allowances unless otherwise elected below. Also use this section to request federal income tax withholding when rolling your pre-tax vested balance to a Roth IRA.**

- Withhold Federal Income Tax of: \_\_\_\_\_%

**State: For cash payments, Nationwide will withhold any mandatory State Income Taxes.**

If you would like to adjust your state income taxes, please complete and attach a state income tax withholding form. These forms can be obtained from the State website. Nationwide does not supply these forms.

## 7. Important Information

### Money Sources

Funds will be withdrawn equally across all money sources and investment options for each requested distribution. Distributions from rollover and Roth sources may be subject to an additional 10% early withdrawal 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 [nationwideretirementplans.com](http://nationwideretirementplans.com) or contact our customer service center at 833-268-7080.

## 8. Tax ID Certification

**NOTE: Backup withholding does not apply to retirement plan distributions. FATCA does not apply as this is a U.S. account.**

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number or Social Security Number listed 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 that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - c. The Internal Revenue Service 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, and
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.

**9. Authorization**

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 an additional 10% early withdrawal tax unless an exception 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 originated.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. State and federal income taxes withheld will be reported on a form 1099-R.

I hereby request payment from the plan as described 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 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.

I hereby authorize the above elected benefit and attest to the accuracy of the information. In addition, I understand that this distribution will be tax reported for the year distributed and that I am liable for any federal (including any additional 10% early withdrawal tax), state or local income taxes.

I acknowledge that a withdrawal fee may apply and, if applicable, will be deducted from the account. The amount of the fee is stipulated in the service agreement for the plan and may be obtained from the employer.

Also, I understand that once submitted this election is final and under penalties of perjury, I hereby certify that the information provided on this form is true and accurate.

You may wish to consult with a professional tax advisor, before taking a payment from the Plan. Nothing within this withdrawal form is intended to provide tax or legal advice. You can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publications 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [irs.gov](http://irs.gov), or by calling 800-TAX-FORM.

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

**Alternate Payee:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**10. Form Return**

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

By fax: 877-677-4329