



1. Purpose

This form is intended for use by retirement plan participants requesting to roll over an account balance from a previous employer retirement plan or Non-Roth IRA to Nationwide.

NOTE: Completion of this form alone will not initiate the transfer of funds. The requirements directed by the prior plan/custodian must be performed in order to execute the transfer of funds. Please contact the prior plan custodian with questions concerning the process to perform this request.

2. Plan Information

Plan Number: 0062868001 Plan Name: Sea Island 401k Savings Plan

Plan Type: 401(k)

3. Participant Information

Name: SSN:

Street Address:

City: State: Zip:

Phone: Email:

Paperless Communication: By providing your email address, you are consenting to receive electronic communications as it relates only to this form and related to this distribution request unless otherwise elected below.

I wish to be contacted via the telephone number provided above.

I wish to be contacted via US mail.

4. Completion of Distribution Forms

When your employer or IRA provider supplies you with a distribution form, use the following information to complete it:

- 1. Elect a direct rollover into this qualified plan.
2. Prepare a check that is payable to Nationwide Financial (FBO your name).
3. Request the provider reference the Nationwide Plan Number, plus the last four digits of your social security number.
4. Mail check to the address below:
Nationwide Retirement Plans
1 Nationwide Plaza 1-LC-F2
Columbus, OH 43215-2239

NOTE: Please call 833-268-7080 for ACH/Wire money transfer instructions.

5. Rollover Details

Name of Retirement Plan from which assets are being rolled over (if applicable):

Name of provider who currently holds the assets in your account or IRA:

Total Estimated Rollover Amount: \$

Rollover Source:

- 401(a)/401(k) Traditional/SEP/SIMPLE IRA
403(b) Governmental 457(b)

Does the Rollover/Transfer include Roth? Yes No

If Yes, provide: Year of first Roth Contribution:

Estimated Roth Amount: \$ (see prior provider/custodian)

Roth Basis Amount: \$ (total contributions without earnings)

6. Participant Authorization

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

I hereby request my funds to be allocated and invested in accordance to my current investment mix on file. I understand some mutual funds may impose a short term trading fee. Please read the underlying fund prospectuses carefully.

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

I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

7. Form Return

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

By Fax: 877-677-4329
By Email: rpublic@nationwide.com