



Required Minimum Distribution (RMD) Election

Nationwide Retirement Plans

1. Plan Information

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

Plan Type: 401(k)

2. Participant Information (all fields required)

Name: _____ SSN: _____

Date of Birth: _____ Date of Hire: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Divorced Widowed If Married, Spouse's Date of Birth: _____

Ownership in Company (if none, use zero): _____% (For private sector plans subject to ERISA only)

NOTE: If you are more than a 5% owner, your RMD is required to be withdrawn by April 1 of the calendar year following the calendar year you reach age 72, regardless of your employment status.

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.

3. RMD Election

NOTE: If the start date is not selected, the payment will be made immediately. If no payment frequency is selected, the payment will be made annually.

Start Date: Immediately

To begin on (date): _____

NOTE: This date cannot exceed April 1 of the calendar year following the calendar year in which you attain age 72 or retire. If you elect to defer your first RMD payment, you will receive two RMD payments in that calendar year.

Payment Frequency: Monthly Quarterly Semi-Annually Annually

4. Federal and State Income Tax Withholding

Federal: Nationwide will withhold 10% for Federal Income Taxes unless you elect otherwise below.

Withhold Federal Income Tax of: _____%

Do not withhold any Federal Income Tax
(only permitted for a required minimum distribution or systematic payment lasting 10 years or more)

State: 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.

5. Payment Method (select one)

- Direct Deposit ACH:** Funds will be sent to the account that you indicate below.
- Mail Check:** Your check will be mailed first class to your address on file with Nationwide. Allow 5 to 10 business days from process date for delivery. If no other option is selected, your payment will be issued by check and mailed.
- Overnight Check:** Your check will be mailed overnight at your expense to your address on file with Nationwide. I understand that standard processing time and fees still apply. An additional \$25.00 fee will be deducted from your 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.

Direct Deposit ACH Financial Institution Information:

Bank Name _____

ABA (routing) Number _____

Account Number _____

Account Type: Checking Savings

If account type is not selected, checking will be used.

NOTE: Bank information is only needed if Direct Deposit ACH is selected. A copy of a voided check (checking) or a letter from the financial institution (savings) must be included with this form to verify banking numbers. We cannot accept a deposit slip or starter check for banking numbers. If ACH information is not completed correctly, a voided check/letter from the bank is not provided or no option is selected, a check will be sent via first class mail to your address on file.

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 which I supplied or due to an error from my financial institution in depositing funds to my account. If repetitive payments are selected 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.

6. 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.

7. Participant Authorization

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, state or local taxes.

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, 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.

Signature: _____ Date: _____

15. Form Return

Mail: Nationwide Retirement Plans, PO Box 182797, Columbus, OH 43218-2797 Fax: 877-677-4329

Email: rpublic@nationwide.com