




Nationwide®

Nationwide Retirement Solutions

Distribution Request for 457(b) Governmental Plans

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 You may be able to submit and track the status of your distribution request online! Log in to your account at nrsforu.com and click "Manage Account" to locate "Withdraw Money" or "Track withdrawal status".

Personal Information

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____
Phone Type: ☐ Home ☐ Work ☐ Cell

Optional - Send me alerts regarding this distribution via: ☐ Email ☐ SMS Text Message* to Cell number listed above

*By selecting this option you are opting into receiving text messages from Nationwide. Message and data rates may apply.

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

NOTE: Nationwide strives to provide excellent customer service to our Members. By providing your phone number, you authorize Nationwide Associates to contact you via phone using automated technology to assist you with your account.

Distribution Reason (select one)

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.

☐ Severance of Employment ☐ Retirement ☐ Disability ☐ Required Minimum Distribution ☐ In-Service

Employer Authorization

If this is your first distribution request, an Authorized Signer from your employer must complete this section.

This section is **NOT** required for: 1) Participants with previous distributions from the plan; 2) Distributions from Deemed IRA's; and 3) Participants who are currently employed and meet the age requirement for an In-Service Distribution under the Plan.

☐ By checking the box, I hereby certify this employee is a Qualified Public Safety Employee as defined by the Defending Public Safety Employees Retirement Act and the IRC who is at least age 50 or has at least 25 years of service with your employer..

Authorized Representative:

Name: _____ Phone: _____

Signature: _____ Date: _____

Position/Title: _____ Participant Severance Date: _____

Payout Options (select one - continued on next page)

1. One-Time Payment to be paid directly to you:

☐ **Total account balance:** (100%) If you select this option, you will be liquidating your entire account.

NOTE: Skip ahead to **Payment Method** section and complete the form. You don't need to complete **Distribution Source** section since you have elected for your total account balance to be paid to you.

☐ **Partial distribution:** \$_____ (minimum \$25 including tax withholding)

NOTE: Check your Plan Document; some plans require a \$1,000 minimum for a partial one-time payment.

2. Systematic Payments (select only one frequency and EITHER Fixed Amount OR Fixed Period, not both):

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually **Start Date:** _____

NOTES: If Frequency is not selected, payments will be made monthly. If Start Date is not provided, the payment start date will be the date your request is processed.

☐ **Fixed Amount** \$_____ (minimum \$25 including tax withholding)

Total account balance paid to you in increments of the specified amount 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) for your account.

☐ Include the cost of living adjustment (COLA)

Payout Options (continued - select one)

☐ **Fixed Period** _____ years (1 - 30, in whole years only)

Total account balance paid to you for the number of years selected. The actual dollar amount will vary depending on your account earnings (gains/losses), and the duration requested.

Calculation method (select one):

If no calculation method is selected, calculations will default to the Standard method, Annually.

Standard: ☐ Annually **OR** ☐ Per Pay Period

Assumed Growth Rate: ☐ Cost of living adjustment (COLA) ☐ 3% ☐ 4% ☐ 5% ☐ 6% ☐ 7% ☐ 8% ☐ 9%

3. Life Expectancy and Lifetime Payment:

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually **Start Date:** _____

NOTES: If Frequency is not selected, payments will be made monthly. If Start Date is not provided, the payment start date will be the date your request is processed.

Calculation method (select one):

Life Expectancy/Joint Life Expectancy: ☐ Life Expectancy **OR** ☐ Joint Life Expectancy*

Lifetime/Joint Lifetime: ☐ Lifetime **OR** ☐ Joint Lifetime*

*Based on the joint life expectancy of you and your primary beneficiary at the time of calculation. Please provide the

Primary Beneficiary's Date of Birth: _____ (mm/dd/yyyy)

Distribution Direction (select one)

If an option is not selected, your assets will be distributed from all money sources and investment funds (pro-rata). If you indicate a percentage, you must use whole percents only.

☐ **1. Proportionately** from all sources and funds (pro-rata)

☐ **2. From Specific Sources*** (indicate all that apply)

_____	\$ _____	or _____%
_____	\$ _____	or _____%
_____	\$ _____	or _____%
_____	\$ _____	or _____%

☐ **3. From Specific Funds** (please list funds)

_____	\$ _____	or _____%
_____	\$ _____	or _____%
_____	\$ _____	or _____%
_____	\$ _____	or _____%

*Distributions from rollover and Roth sources may be subject to an additional excise tax.

Payment Method (select one)

NOTE: Direct Deposit ACH is not available to financial institutions outside of the United States.

☐ **Direct Deposit ACH on file:** Send funds to my bank account that Nationwide has on file.

☐ **Mail Check:** Send check by first class mail to my address of record. Allow 5-10 business days from process date for delivery. If no other option is selected, your payment will be issued by check and mailed.

☐ **New Direct Deposit ACH Authorization:** Send funds to the financial institution indicated below.

Financial Institution Information:

Financial Institution Name _____ Account Type: ☐ Checking ☐ Savings
If account type is not selected, checking will be used.

Routing Number _____ Account 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 routing 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.**

Income Tax Withholding

Federal income tax withholding:

Withholding election for direct payments and systematic payments lasting less than 10 years:

There is a mandatory 20% withholding for federal income taxes. You may elect to withhold an additional percentage. If you wish to do so, please indicate this below.

- ☐ I wish to have an additional percentage of Federal Income Tax withheld. At time of submission a W-4R Federal Tax Withholding Form is **required**. The current Form W-4R form can be found on the IRS website at www.irs.gov/forms-pubs-search.

NOTE: If we don't receive the Form W-4R, Nationwide will default to withholding taxes based on the current Internal Revenue Code (IRC) withholding rules.

Withholding election for systematic payments (including RMD payments) lasting 10 years or more:

For systematic payments lasting 10 years or more, federal income taxes are withheld at the current IRC withholding rules. For RMD payments, federal income taxes are withheld at the current default rate of 10% unless you elect otherwise. If you wish a different withholding percentage, please select one of the options listed below.

- ☐ I elect to opt-out of federal income tax withholding; 0% withholding
- ☐ I wish to have a different percentage of Federal Income Tax withheld. At time of submission a W-4P Federal Tax Withholding Form (systematic payments lasting 10 years or more) or the Form W-4R Federal Tax Withholding Form (RMD) is **required**. The current Form W-4P and Form W-4R can be found on the IRS website at www.irs.gov/forms-pubs-search.

NOTE: If we don't receive the Form W-4P or W-4R, Nationwide will default to withholding taxes based on the current IRC withholding rules.

State income tax withholding: 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 website, Nationwide does not supply these forms.

Important Information

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.

Beneficiary Confirmation or Updates

If you would like to confirm or update your beneficiary information, please visit our website at nrsforu.com or contact our customer service center at 1-877-677-3678.

Lifetime Income Payment Information

If you are invested in a fund that includes a lifetime income payment feature, withdrawals, including rollovers, taken prior to the income activation date could impact the guarantee and reduce your future lifetime income payments. Withdrawals and rollovers made after the income activation date that exceed the annual lifetime income payment amount will reduce your annual lifetime income payments in future years. Please visit your Plan's website for more information.

Note that the timing of required minimum distributions taken from in-plan guarantee investment options could adversely affect both your income base and your guaranteed income amount in certain situations. Please contact your plan representative for more details.

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.

Authorization

By signing this form, I understand and certify the following:

1. If I have an outstanding loan and I am requesting a total distribution of my account, the outstanding loan balance will be part of this total distribution and may be reported as taxable income to the IRS on form 1099-R. Any pending loan payments may delay the processing of this withdrawal.
2. Rollover contributions to governmental 457(b) plans that originated from qualified plans, IRAs and 403(b) plans are subject to the early distribution tax that applies to 401(a)/401(k) plans unless an exception applicable to 401(a)/401(k) plans applies.
3. 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 came.
4. Federal income tax withholding will be reported on a form 1099-R.
5. The terms of the Plan Document will control the amount and timing of any payment from the Plan.
6. 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.
7. I have received and read the 402(f) Special Tax Notice Regarding Plan Payments. This notice summarizes the federal (not state or local) tax rules which may apply to my distribution and explains how I can continue to defer federal income tax on my retirement plan savings in the Plan. It contains important information for me to review before I decide how to receive my Plan benefits.
8. I authorize the distribution as elected above.

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:** _____

NOTE: e-signature & digital signature not accepted unless submitted via DocuSign

Contact the Customer Solutions Center at 1-877-677-3678 to request a free hard-copy of the 402(f) Special Tax Notice.

Form Return

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

Email: rpublic@nationwide.com

Fax: 1-877-677-4329

DID YOU REMEMBER TO:

- ☐ Select a payout option and payment method?
- ☐ Sign and date the form?
- ☐ Include all pages in the return envelope, PDF, or fax?

TRACK YOUR REQUEST!

You may be able to track the status of your distribution request online! Log in to your account at nrsforu.com and click "Manage Account" to locate "Track withdrawal status".