



Nationwide®



# Arizona State Retirement System Supplemental Salary Deferral Plan Direct Rollover/Transfer Request for Incoming Assets

Page 1 of 2

Nationwide Retirement Solutions (NRS) adheres to the USA Patriot Act's Anti-Money Laundering program requirements. NRS actively monitors and prohibits illegal money laundering of concealed funds generated from a criminal enterprise.

Please carefully complete all required sections of this document. We are unable to process forms with incomplete or missing information. If you require assistance in completing this form or need additional information, please contact us at 888-292-1401.

## 1. Personal Information

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

SSN : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_  Home  Cell  Work

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.

## 2. Rollover / Transfer Funds

**From Plan Type:**  401(k) plan  403(b) plan  457 (b) Plan  Traditional IRA

**Amount to Rollover:**

Partial Dollar Amount \$ \_\_\_\_\_

Total Account Balance\* \$ \_\_\_\_\_

\*Please approximate your account balance for tracking purposes.

**Are you rolling over Roth assets?**  Yes  No

If Yes, Roth Basis (total contributions without earnings): \$ \_\_\_\_\_

Year of First Roth Contribution: \_\_\_\_\_

**Does the Rollover include after-tax assets that are not subject to Roth distribution rules?**  Yes  No

If Yes, After-Tax Basis (total contributions without earnings): \$ \_\_\_\_\_

**NOTE:** Not all plans accept after-tax assets. Participants should contact the designated receiving plan to make sure this type of rollover is allowable.

**Make check payable to:**

Nationwide

FBO (Participant Name, SSN or Acct#)

**Mailing Address:**

Nationwide Retirement Solutions

PO Box 183150

Columbus, OH 43218

## 3. 457(b) to 457(b) Incoming Assets

The ASRS SSDP Plan Document allows participants who leave one employer and accept a position with a new employer, the option to TRANSFER or ROLLOVER the assets from the first employer. The choice of transfer or rollover will determine when the assets are available for distribution from your NRS account.

I have severed from employment from my previous employer on \_\_\_\_\_ (Month/Day/Year).

**The difference between a transfer and rollover:**

- Following a **Transfer**, withdrawal of assets is permitted only when the account holder experiences a distributable event (e.g., Severance of employment or age 70½).
- Following a **Rollover**, withdrawal of assets is permitted at any time pursuant to the account holder's request.

**Please make your selection:**  TRANSFER  ROLLOVER

**4. Investment Direction to Nationwide Retirement Solutions**

- Credit my rollover/transfer according to the current allocation on file
- Credit my rollover/transfer as listed below:

Investment Options	Percentage
_____	%
_____	%
_____	%
_____	%
_____	%
_____	%
<b>Total (Must be 100%)</b>	<b>100%</b>

\* If you do not indicate your allocation choices, your rollover will be credited to your current allocation.

**5. Authorization**

I acknowledge that I have received and read the fund prospectuses for the investment options I have elected above. I also understand that some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully. I understand that my direct rollover will become subject to the terms and conditions of the plan.

I certify that I satisfy the requirements for making a tax-free rollover/transfer into an eligible retirement plan. Nationwide Retirement Solutions is entitled to rely fully on my certification. I expressly assume responsibility for tax consequences relating to this rollover/transfer, and I agree that NRS shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds to be invested as directed on this form.

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

Retirement Specialist Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

**Form Return**

**By mail:** Nationwide Retirement Solutions PO box 183150 Columbus OH 43218-2797  
**By fax:** 877-677-4329  
**By email:** Rpublic@nationwide.com