



Personal Information

Participant Name: Participant SSN or Account #: Mailing Address: City, State*, & Zip Code: Date of Birth: Phone Number: Email Address: How would you like to be contacted if additional information is required? Telephone Email

*NRS will use the state provided in your mailing address as your state of residency for tax purposes, unless instructed otherwise.

Distribution Reason (Check the option that applies) *See Important Information section for more detail

Severance of Employment Retirement Disability Required Minimum Distribution In-Service

Employer Authorization

- Your employer must complete this section, if this is your first distribution request
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 age 70 1/2 or older.

(initial here) By initialing this box, the Plan Sponsor is certifying that employee is a Public Safety Officer as defined by the Defending Public Safety Employees Retirement Act and the IRC.

Employer Name: Employer #: Authorized Representative (Print): Phone Number: Authorized Representative Signature: Date: Authorized Representative Position/Title: Severance Date:

Distribution Source* (Select One Option)

Proportionately (Default Option) Source Specific Fund Specific

If source specific or fund specific option selected, please indicate which source(s) or fund(s):

Table with 4 columns: Source, Amount or %**, OR, Fund Name, Amount or %**. Includes empty rows for data entry.

*If a source is not listed, your funds will be disbursed prorata.

**Amounts must be in whole percentages

One Time Payment** (Select One Option)

Entire account balance Partial amount of \$

Minimum of \$25* (Amount including tax withholding)

*The terms of the Plan Document govern the minimum amount allowed for partial one-time payments. Some plans require a \$1,000 minimum for a partial one-time payment.

** Skip to "Payment Method" section on page 3, if you select this option

Payout Options

Frequency: Monthly Quarterly Semi-Annually Annually

If no payment frequency is selected, payment will be set-up for the default option of monthly.

Systematic 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.

SELECT ONE SYSTEMATIC PAYMENT OPTION

Fixed Dollar Payment

Specified amount (minimum of \$25) 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: \$ _____ (Amount including tax withholding)

Please check to 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.

Number of Years: _____ (1-30 years)

Please select a calculation method:

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

Please select a calculation method:

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

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

*Joint Life and Joint Lifetime calculations will be based on the joint life expectancy of you and your primary beneficiary at the time of calculation.

Beneficiary Date of Birth (MM/DD/YYYY): _____

Important Information

Money Sources

Funds will be withdrawn equally across all money sources and investment options for each requested distribution unless instructed otherwise. Distributions from rollover and Roth sources may be subject to an additional excise 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 www.nrsforu.com or contact our customer service center at 1-877-677-3678.

Payment Method

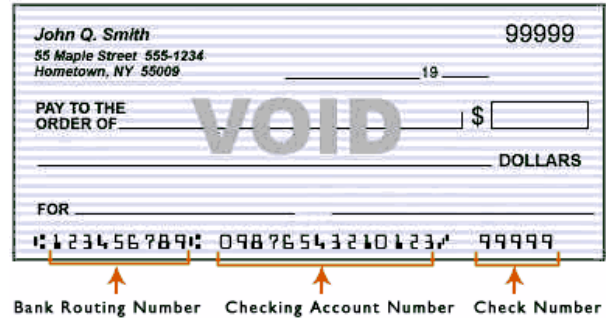
- Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected)
- Overnight check to the address of record for a fee of \$25. Nationwide will deduct the \$25 from your account Please also note, we can't offer overnight delivery to a P O Box and Saturday delivery may not be available in your area.
- ACH Instructions on File - Send funds to my bank account that NRS has on file.
- Direct Deposit by ACH: Check only one option: Checking Account Savings Account

Bank/Credit Union Name

(_____)_____
Bank/Credit Union Phone Number

ABA (Routing) Number* (first nine digits only)

Account Number



Note: Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip for banking numbers. If ACH information is not completed correctly a check will be sent to your address on file.

Is this account associated with a brokerage firm or other investment firm? Yes No

If yes, have you confirmed that the ABA and account numbers are correct? Yes No

I hereby authorize NRS to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize NRS to make a withdrawal from this account. Further, I agree not to hold NRS 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 NRS receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to NRS. 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.

Tax Withholding

Federal Tax: NRS will withhold federal tax as required by the IRS from the payment you choose. See the Special Tax Notice Regarding Plan Payments for specific tax information and IRS required withholding before completing. You may elect below to have no withholding from your required minimum distribution or systematic payments that last 10 years or more. The standard federal tax withholding rate is 20%. Please skip this section unless you would like a different amount or percentage to be withheld.

- I would like additional federal tax withheld above the IRS mandatory 20% in the amount of:
\$ _____ OR _____%
- I have a required minimum distribution or systematic payment lasting 10 years or more and would like federal tax withheld based on my election on Form W-4P
- Do Not withhold federal tax in accordance with my election of Form W-4P from my required minimum distribution or systematic payment lasting 10 years or more.

State Tax: State 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 web site, NRS does not supply these forms.

Certification

Under penalties of perjury, I certify that:

1. The number shown 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 by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS 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.
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

Authorization

By signing this form, if I have an outstanding loan and I am requesting a total distribution of my account, I understand the outstanding loan balance will be part of this total distribution and may be taxable income reported to the IRS on form 1099-R. Any pending loan payments may delay the processing of this withdrawal.

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 the early distribution tax that applies to 401(a) / 401(k) plans unless an exception applicable to 401(a) / 401(k) plans 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 came.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. If you select a lump sum or systematic withdrawal lasting less than 10 years 20% of the taxable portion of the distribution paid to you will be withheld for federal income taxes. State taxes will be withheld where applicable. You must submit a Form W-4P (available at www.irs.gov), if you select a different form of distribution. State and federal taxes withheld will be reported on a form 1099-R.

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

I consent to a distribution as elected 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 read and 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.

Participant Signature (required):

Date (required):

Form Return

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

By fax: 877-677-4329

Did you remember to:

- Select a payment method, frequency, and receipt date?
- Sign and date the form?
- Include all pages in the return envelope?