



Personal Information

Employer Name: _____ Employer Number: _____
Name: _____
Date of Birth: _____ SSN : _____ Date of Hire: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Work Phone: _____ Department: _____
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.

Rollover/Transfer Funds From

401(a) Governmental 401(a) Qualified/Non-Governmental 401(a) Drop
403(b) Governmental 403(b) Qualified/Non-Governmental 457(b) Governmental
401(k) Governmental 401(k) Qualified/Non-Governmental Deemed Traditional IRA
Roth 401(k) Roth 403(b) Deemed Roth IRA
Roth 457(b) Traditional IRA TSP (Thrift Savings Plan)

Carrier/Custodian Name: _____ Account Number: _____
Contact Name: _____ Contact Phone: _____
Street Address: _____
City: _____ State: _____ ZIP: _____

Rollover/Transfer Information

I have already completed all requirements and funds are on the way to Nationwide from the prior Provider/Custodian?

Yes No

If Yes, you may skip down to Next Steps.

If No, you may answer the questions below and Nationwide will help facilitate your rollover.

- The Provider/Custodian who currently holds your assets will likely have their own requirements to complete the rollover/transfer. You will need to call them to obtain their rollover/transfer requirements and get the information needed in the Rollover/Transfer Funds To section on the next page. At that time, please ask the following questions and mark the answers below:

Does the Provider/Custodian:

Require their own paperwork OR Accept Nationwide's paperwork

Does the Provider/Custodian:

Require original signatures? Yes No Require notarization of signatures? Yes No
Accept email copies of paperwork? Yes No Require medallion signature guarantee? Yes No
Accept faxed copies of the paperwork? Yes No Is a Letter of Acceptance required? Yes No
Accept electronic signatures on forms? Yes No

Next Steps

- Return this form and all paperwork from your prior Provider/Custodian (if required) to Nationwide using the fax number above or an address below. Receipt of this paperwork will initiate your request to move funds from an outside qualified plan or IRA into your retirement account with Nationwide.
If funds are not already in transit to Nationwide, we will forward all paperwork to the relinquishing Provider/Custodian. We will follow up to ensure receipt and make sure your outside account is transferred to your Nationwide account. Please note it may take up to 90 days for certain account types to be transferred.
If you have any questions or received notification of additional requirements from the relinquishing provider/custodian please contact us at 877-677-3678.

Rollover/Transfer Funds To

Plan Name: _____ Plan Type: _____

Amount to Rollover/Transfer:

Partial Dollar Amount \$ _____

Total Account Balance* \$ _____

*Please approximate your account balance for tracking purposes.

Are you rolling over Roth assets? Yes No

If yes, what is the Roth Basis (total contributions without earnings): \$ _____

What is the year of your first Roth Contribution: _____

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

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

Make check payable to:

Nationwide
FBO (Participant Name, SSN, Acct#)

Mailing Address: Nationwide Retirement Solutions

PO Box 183150
Columbus, OH 43218

457(b) to 457(b) Incoming Assets (only complete if moving one 457(b) account to another 457(b) account)

Some 457(b) Plan documents allow 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 _____ (date).

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 (or age 72 if born after June 30, 1949))
- Following a Rollover, withdrawal of assets is permitted at any time pursuant to the account holder's request.

Please make your selection: TRANSFER ROLLOVER

Investment Direction to Nationwide

Allocate my rollover/transfer according to the current allocation on file

NOTE: If you do not indicate your allocation choices, your rollover will be credited to your current allocation. Additionally, if you select an investment option that is closed, your rollover/transfer will be credited to the Nationwide Money Market Fund.

OR Allocate my rollover/transfer as listed below:

| Investment Option | Percent |
|-------------------|-------------|
| | |
| | |
| | |
| Must total | 100% |

Authorization

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

I hereby request my funds to be allocated and invested as directed on this form. I understand some mutual funds may impose a short term trading fee. Please read the underlying fund prospectuses carefully.

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

Participant Signature: _____ **Date:** _____

Retirement Specialist Name (Print): _____ Date: _____

Please note: *A Medallion Signature Guarantee may be required. Please contact your surrendering financial institution to confirm.

Medallion Signature Guarantee Stamp Here