

**Overview**

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

Please complete all sections of this form. All information on this document must be completed and returned to Nationwide Retirement Solutions in order to be processed. If you require assistance in completing this form or need additional information, please contact us at 1-877-677-3678.

Account Holder Information

Employer Name:	SSN #:
Name:	Date of Birth:
Mailing Address:	
City, State, & ZIP:	
Primary Phone #:	Work Phone #:
Email Address*:	
How would you like to be contacted if additional information is required? <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

Rollover funds from (Select Plan Type): ☐ All ☐ 457(b) ☐ 401(a) ☐ 403(b) ☐ 401(k)

Rollover funds from (Select Source)*: ☐ All ☐ Employee Pre-Tax ☐ Rollover Pre-Tax ☐ Roth
☐ Other _____

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

Employer information

This section is to be completed by your Plan Sponsor's Payroll/Personnel Department. If multiple employers are involved, please complete a form for each employer.

Employer Name:	Employer Plan #:	Date:
Date of Severance from Employment:		Phone:
Position & Title of Authorized Personnel:		
Signature of Authorized Personnel:		

New Carrier Information

Important Note*: A Letter of Acceptance from the new carrier (financial institution) is required and MUST accompany this form to process your rollover request. A check will be made payable to new carrier. If the rollover is to a Roth account the letter of acceptance must mention the acceptance of Roth funds.

New Carrier*:	Account #:
Mailing Address:	
City, State, & ZIP:	
Contact Name:	Phone #:
Select New Plan Type: <input type="checkbox"/> IRA <input type="checkbox"/> Qualified Plan <input type="checkbox"/> 403(b) <input type="checkbox"/> Governmental 457(b)	
Amount or Percentage of Rollover: \$	%

Overnight Check Option

☐ 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.

Life insurance information

If you have life insurance coverage through the Plan, please be aware that if you choose to change your deferrals in conjunction with a rollover your policy may lapse and your coverage will no longer be in effect. Also, you remain responsible for compliance with applicable tax regulations concerning life insurance through the Plan.

- ☐ Please cancel my Life Insurance coverage and refund the cash surrender to my existing Nationwide Retirement Solutions account.
- ☐ Please cancel my Life Insurance coverage and include the cash surrender value with the rollover to my new provider.
- ☐ Please stop the deferral flow and allow the cash surrender value to keep policy in force until value is exhausted.

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

I AUTHORIZE A ROLLOVER OF MY FUNDS TO THE PROVIDER OF THE RETIREMENT PLAN DESIGNATED ABOVE. I certify that the plan is eligible to accept this distribution. I acknowledge that this transfer may be subject to surrender charges as provided in the annuity contract. Some states require that I am advised that any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

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.

Please note: If you are over 70 ½ years of age, you will be subject to a Required Minimum Distribution prior to your funds being rolled-over.

This transaction 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.

Participant Signature (required):	Date (required):
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Form Return

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

By fax: 1-877-677-4329

Overnight Address: Nationwide Retirement Solutions
3400 Southpark Place, Suite A
DSPF-F2
Grove City, OH 43123-4856