



Participant Withdrawal/Direct Rollover Request

Private Sector Operations

1. Purpose

To be completed by the Administrator or Plan Sponsor. Use this form when requesting a distribution from traditional or Roth sources of money for participant accounting or investment only plans when Nationwide is designated the payor, and responsible for tax reporting the distribution. Use the 457 Participant Withdrawal Request for 457 plans.

2. Case information

Case Number: _____ Case Name: _____

Does this case include multiple fixed contracts? Yes No (If Yes, answer the next question)

Does the de minimis policy apply to this withdrawal? Yes No (If No, complete Attachment B)

3. Participant information (all fields required)

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Participant has assets in a Self Directed Brokerage account Date of Birth: _____

NOTE: Tax document will be mailed to the address specified unless alternate payee or beneficiary information provided.

4. Payee Information

Total number of Payees: _____ (Use a separate form for each payee)

Distribution Reason:

Termination of Employment

Plan Termination

Disability

Death

Required Minimum Distribution

Hardship Withdrawal

Withdrawal of Rollover Contributions

Withdrawal of After-Tax Voluntary Contributions

In-Service Withdrawal

Reservist Called to Active Military Service Distribution

Loan Withdrawal

Other: _____

Distribution is for: Participant Beneficiary

Beneficiary Information:

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Payment Method: Direct Payment Direct Rollover to Other Eligible Plan or IRA

Repetitive Payments - Frequency: Monthly Quarterly Semi-Annually Annually

Beginning on date (required): _____ (mm/dd)

NOTE: repetitive payments will be processed within 5 business days of the date selected and will continue until your account is exhausted or written direction is received to stop payments.

To cancel payments, email your Client Service Representative or call 800-548-6436.

For SDB Accounts: Liquidate 100% of SDB account back to Nationwide core

IN KIND transfer 100% of SDB account to (receiving company): _____

NOTE: \$100 IN KIND transfer fee applies per account

Financial Institution Information:

Payee Name: _____ FBO: _____

Account #: _____ Account # (Roth): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

5. Account/Tax Information

Non-Resident Alien: Taxable distributions to non-resident aliens are subject to 30% withholding unless a valid IRS form W-8BEN containing an ITIN (individual taxpayer identification number) is submitted to claim a reduced rate or withholding exemption that is available under a U.S. income tax treaty.

Puerto Rico Distributions: Is the taxpayer a resident of Puerto Rico? Yes No

Traditional Sources (1-20)

<input type="checkbox"/> Total OR <input type="checkbox"/> Partial Distribution	Fund	Source	Amount	\$	Unit	%	Forfeit
NOTE: If total distribution is marked above, and fund/source & amount are left blank we will process from all funds/sources and 100% of balance. If partial is marked, fund/source/amount must be completed in order to be processed.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total: _____

IRS Distribution Code (select one):

- 1 - Premature Participant Distribution (Under 59½) 2 - Premature with exceptions Distributions
- 4 - Death Benefit 7 - Standard Distribution (Over 59½) G - Rollover 4G - Death Benefit Rollover
- Other: _____

Outstanding Loan (additional reportable): \$ _____ Distribution Code for Outstanding Loan: _____

Employee Contributions (Non-Taxable): \$ _____

- Withholding: None Federal Mandatory 20%
- Federal Elective _____ % or \$ _____
 - State _____ % or \$ _____
 - State Additional _____ % or \$ _____

Special Instructions: _____

NOTE: If left blank we will default to any mandatory taxes.

Roth Sources (21-24)

<input type="checkbox"/> Total OR <input type="checkbox"/> Partial Distribution	Fund	Source	Amount	\$	Unit	%	1st Yr. of Desig. CN.	EE Contrib. Amount
NOTE: If total distribution is marked above, and fund/source & amount are left blank we will process from all funds/sources and 100% of balance. If partial is marked, fund/source/amount must be completed in order to be processed.	_____	21	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
	_____	22	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
	_____	23	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
	_____	24	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Total: _____

IRS Distribution Code (select one):

- 1B - Premature Participant Distribution (Under 59½) 7B - Standard Distribution (Over 59½)
- 4B - Death Benefit BG - Roth to Roth Rollover H - Roth 401(k) to Roth IRA

Outstanding Loan (additional reportable): \$ _____ Distribution Code for Outstanding Loan: _____

- Withholding: None Federal Mandatory 20%
- Federal Elective _____ % or \$ _____
 - State _____ % or \$ _____
 - State Additional _____ % or \$ _____

NOTE: If left blank we will default to any mandatory taxes.

6. Fees

CDSC: Was the Participant ever an owner/officer? No Yes, Complete CDSC/Term Charge sheet

In-Kind: A \$100 fee applies to each in-kind transfer distribution.

Investment Only: Fees will be taken in addition to the withdrawal amount specified.

Participant Accounting: Fees will be netted from the distribution when taking 100% of the participant's account.

Redemption Fee for Participant Accounting: Some of the funds in this plan may have redemption fee policies. This transaction may be subject to redemption fees. Please review the Trading Policy List for more details.

PPA/TPA Fee: Does a PPA/TPA Withdrawal Fee apply? If Yes, Amount: \$_____ Show PPA/TPA Fees on Check? No Yes (if blank, No is assumed)

7. Payment Method

Wire¹ ACH Checking¹ ACH Savings¹

Receiving Bank Name: _____

City: _____ State: _____ ZIP: _____

ABA (Routing)#: _____ Account #: _____

Check¹ Mail to: Plan Administrator Participant Payee Plan Sponsor Other (enter address below)

Street Address: _____

City: _____ State: _____ ZIP: _____

Shipping Method: U.S. Mail UPS FedEx UPS/FedEx-Account #: _____

If FedEx is selected, you must provide the **package recipient's phone number:** _____

UPS/FedEx Options: Next Day by 10:30 am 2nd Business Day by 10:30 am

Next Day by 3:00 pm 2nd Business Day by 4:30 pm

¹If no method is indicated, Nationwide will default to mailing a check to the payee via U.S. Mail.

8. Authorization

As authorized representative, by signing below I certify that I have received the proper documentation and have verified the taxpayer identification number for the participant identified above is correct.

Authorized Representative/Administration Firm:

Name (Please Print): _____

Signature: _____ Date: _____

NOTE: electronic or stamped signatures are not permitted.

NOTE: To expedite the processing of this request please email this completed form to **nwforms@nationwide.com**. This will result in this request being automatically fed into our work-flow process.