

**Participant Information**

Participant Name:	SSN #:
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? <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

**Withdrawal**
 Pay a lump sum withdrawal directly to me.

I understand 20% of the taxable amount of the withdrawal will be withheld for federal taxes.

To qualify for a lump sum withdrawal, you must meet the following criteria:

- Severance from employment

**NOTE:** My withdrawal must begin no later than April 1st following the year I reach age 70½. If I work beyond age 70½, then my withdrawal must begin no later than April 1st following the year I have a severance from employment or retire. All withdrawals are taxable according to tax laws.

**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, and 2) participants who are currently employed and age 70½ or older.

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

## 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)
- Send check overnight at my expense to my address of record. I understand there is an additional \$25.00 fee that will be deducted from my account. P.O. Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2 to 4 business days from process date for delivery.
- 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

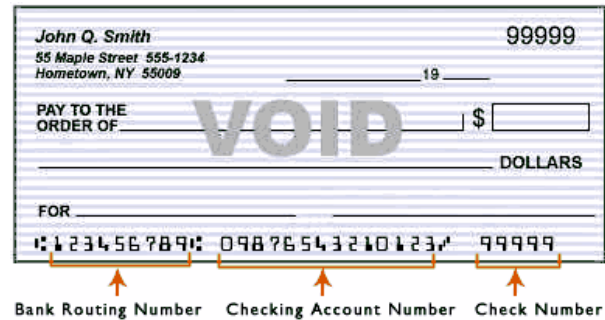
\_\_\_\_\_  
ABA (Routing) Number\* (first nine digits only)

\_\_\_\_\_  
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.



## 4. Certification

I certify that under penalties of perjury that:

1. The Taxpayer Identification Number or Social Security Number listed 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 that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - c. The Internal Revenue Service 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, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

## Authorization

Federal Income Tax will be withheld from your payment as required by the Internal Revenue Code.

If I elect to receive this distribution before the end of the 30-day minimum notice period, my signature on this election shall constitute a waiver of my rights to the 30-day notice requirement.

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: 877-677-4329