

**Please Read and Select Plan Type**

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 select plan type from which funds are being transferred:**  457  401(a)

Please complete all sections of this form. All information on this document must be completed and returned to Nationwide Retirement Solutions (Nationwide) in order to be processed. If you require assistance in completing this form or need additional information, please contact us at 1-877-NRS-FORU (1-877-677-3678), option 1, followed by option 2.

Upon completion of this form, please return the original signed document to:

**Nationwide Retirement Solutions**  
P.O. Box 182797  
Columbus, Ohio 43218-2797

*\*Faxes and photocopies of this form will not be accepted*

**Account Holder Information**

Last Name		First Name		Middle Initial	
Social Security Number			Contact Phone Number		Date of Birth
Current Address					
City		State		Zip Code	
Email Address					

**Employer Information**

This section is to be completed by the Payroll/Personnel Department of your previous and/or current employer.

If you have left employment with the plan sponsor, **part A** must be completed. In addition, if you are transferring the assets to another employer sponsored plan, **part B** must also be completed. If you have not left employment with the plan sponsor, please complete **part B** only.

<b>A. PREVIOUS Employer Name</b>		<b>B. CURRENT Employer Name</b>	
Name and Title of Authorized Personnel		Name and Title of Authorized Personnel	
Signature of Authorized Personnel		Signature of Authorized Personnel	
Plan/Account #	Date of Severance from Employment ____/____/____	Plan/Account #	

**New Carrier Information**

Name of New Carrier (check will be made payable to new carrier)			Account Number	
Mailing Address			Contact Name	
City	State	Zip Code	Phone Number (Include Area Code)	
Amount of Percentage of Transfer				

**Fund Transfer Information**

Check all that apply:

**FIXED:**

- 5 year transfer (monthly transfer from the fixed account that guarantees 100% liquidation of your account over a 60 month period)
- 100% of the fixed account balance (if permitted by the Plan, otherwise be defaulted to a one time 20% transfer of the fixed assets)

**VARIABLE:**

- 100% of the account balance
- \$ \_\_\_\_\_ (enter dollar amount)

**SPECIAL INSTRUCTIONS**

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**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 transfer, 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 case surrender to my existing Nationwide Retirement Solutions account.
- Please **cancel** my Life Insurance coverage and include the cash surrender value with the transfer 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:

- 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
- 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
- I am a U.S. citizen or other U.S. person

**Authorization**

**I AUTHORIZE A TRANSFER OF MY FUNDS TO THE PROVIDER OF THE RETIREMENT PLAN DESIGNATED ABOVE.** I certify that the plan is eligible to accept a 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 facilitate 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.

**Please Note:** If you are over 70 1/2 years of age, you may be subject to a Required Minimum Distribution prior to your funds being transferred.

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

Account Holder Signature \_\_\_\_\_

Date \_\_\_\_\_