



Personal Information

Name:	SSN or Account Number:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City, State, & ZIP:
Home Phone Number:	Work Phone Number:
Employer Name:	Email Address:

Type of Request

Beneficiary Change Address Change Name Change*
 *Proof of name change must be attached; i.e. copy of your driver's license, Social Security card, or payroll stub.

Beneficiary Designation

Indicate the names of the beneficiaries, their Social Security numbers, the split you'd like each one of them to receive, their address, their dates of birth, and their telephone number. If the percentage is not indicated, the payments will be distributed equally in whole percentages. This beneficiary designation applies to all funding options (including life insurance) unless otherwise noted. For payout purposes, the Plan Administrator will establish sub-accounts and not separate accounts for beneficiaries, which in the case of multiple beneficiaries may require that required minimum distributions be based on the life expectancy of the oldest beneficiary.

PLEASE NOTE: Percentage split must total 100% for each category of beneficiary.
If additional space for beneficiaries is required, attach additional sheets and mark this box:

Primary Beneficiary(ies) (must total 100%):

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Contingent Beneficiary(ies) (must total 100%): **Total= 100%**

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Total= 100%

Authorization

This designation supercedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. Any benefits payable at my death shall be paid in equal shares unless otherwise specified. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Participant Signature:	Date:
Witness Name & Signature (Witness cannot be a named beneficiary):	Date:

Model Beneficiary Designations

Please use the following designations as a guide when completing this form.

1. Joan Nation, spouse (Primary).
2. Joan Nation, spouse (Primary), Henry Nation, son (Contingent).
3. Joan Nation, spouse (Primary), Henry Nation and Betty Nation, children (Contingent).
4. Henry Nation and Betty Nation, children (Primary).
5. Henry Nation, John Nation, and Betty Nation, children (Primary).
6. Sara Nation, mother, and George Nation, father (Primary), Jean Nation, sister (Contingent).
7. Estate. (Requires certified copy of "Letters of Office" appointing an executor of the Estate).
8. First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation dated January 1, 2002. (Attach a copy of the title and signature page of the Trust).

Generic beneficiary designations **will not** be accepted. Examples of generic designations include:

1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
2. My children.
3. Children of this marriage or any past marriage.
4. As designated in my will.

Form Return

By mail: Nationwide Retirement Solutions
P.O. Box 182797
Columbus, OH 43218-2797

By fax: 1-877-677-4329