



# 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 Participant Withdrawal (457) 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

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 (attach a certified copy of the death certificate)
- 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.**

#### 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.

Is this a Puerto Rico Source Distribution?  Yes  No

**Traditional Sources (1-20)**

|  |    |   |             |               |               |                          |                          |                          |  |
|--|----|---|-------------|---------------|---------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> Total   | OR | <input type="checkbox"/> Partial Distribution | <b>Fund</b> | <b>Source</b> | <b>Amount</b> | <b>\$</b>                | <b>Unit</b>              | <b>%</b>                 | <b>Forfeit</b>   |
| <b>NOTE:</b> 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:** 0.00

**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 | <b>Fund</b> | <b>Source</b> | <b>Amount</b> | <b>\$</b>                | <b>Unit</b>              | <b>%</b>                 | <b>1st Yr. of Desig. CN.</b> | <b>EE Contrib. Amount</b> |
| <b>NOTE:</b> 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:** 0.00

**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** Wire\*  ACH Checking\*  ACH Savings\*

Receiving Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

ABA (Routing)#: \_\_\_\_\_ Account #: \_\_\_\_\_

 Check\* Mail to:  Plan Administrator  Participant  Payee  Plan Sponsor  Other (enter address below)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Shipping Method\*\*:  U.S. Mail  UPS Next Day Air  UPS Next Day Saver  
 UPS 2nd Day Air  UPS 2nd Day Air A.M. UPS Account No.: \_\_\_\_\_

\*If no method is indicated, Nationwide will default to mailing a check to the payee.

\*\*if no shipping method is selected, Nationwide will default to U.S. Mail.

**8. Administrator/Plan Sponsor Authorization**

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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