



Nationwide Retirement Solutions Required Minimum Distribution (RMD) Form

Plan Type

Select Plan Type: 457(b) 401(a) 401(k)

(All funds will be withdrawn on a pro-rata basis from the selected accounts within the plan.)

Participant Information

Employer Name: _____ Plan Number: _____

Name: _____

Date of Birth: _____ SSN: _____ Phone¹: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

If Married, Spouse's Date of Birth: _____

Email: _____

How would you like to be contacted if additional information is required? Phone Email

¹Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

Employment Verification

I certify I am currently employed by _____ (Employer Name) and I am not eligible to begin an RMD this year. I understand I am required to receive an RMD payment in the calendar years in and after I separate from employment with this employer.

RMD Election

Start Date: Immediately To begin on (date)¹: _____

Payment Frequency²: Monthly Quarterly Semi-Annually Annually

¹The begin date cannot exceed the April 1 of the calendar year following the calendar year in which you attain age 72 or retire. If you elect to defer your first RMD payment, you will receive two RMD payments in that calendar year.

²If no payment frequency is selected, the RMD payment will be made annually. If the start date is not selected, it will be made immediately.

Tax Withholding

Federal Tax: NRS will withhold federal tax as required by the IRS from the payment you choose. You may elect below to have no withholding from your required minimum distribution or systematic payments that last 10 years or more. The standard federal tax withholding rate is 10%. Please skip this section unless you would like a different amount or percentage to be withheld.

I would like additional federal tax withheld in the amount of: \$ _____ OR _____%

NOTE: This amount is in addition to the standard federal tax withholding rate of 10%.

Do Not withhold federal tax in accordance with my election of Form W-4P from my required minimum distribution or systematic payment lasting 10 years or more.

State Tax: State taxes will be automatically withheld if you are a resident in a state that mandates state income tax withholding. If you would like to adjust your state taxes, please complete and attach a state tax withholding form. These forms can be obtained from the State web site, NRS does not supply these forms.

Payment Method

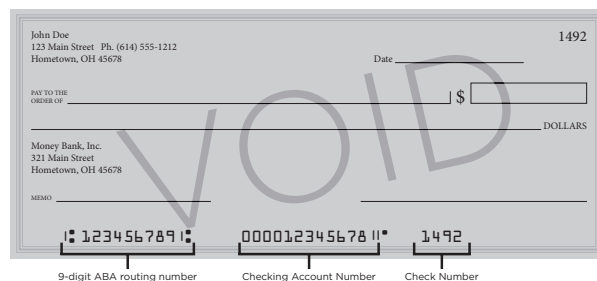
- Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery (Default option, if no other option is selected)
- ACH Instructions on File – Send funds to my bank account that NRS has on file.
- Direct Deposit by ACH: Check only one option: Checking 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.

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. (FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Authorization

Under penalties of perjury, I certify my employment status as indicated on this form is true and accurate. I hereby elect the timing, frequency, payment method and tax withholding of my RMD payment indicated above.

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: _____ Date: _____

NOTE: If you would like to confirm or update your beneficiary information, please visit our website at nrsforu.com or contact our customer service center at 1-877-677-3678.

Form Return

By mail: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

By email: rpublic@nationwide.com
By fax: 1-877-677-4329