



# PARTICIPANT DISTRIBUTION REQUEST GOVERNMENTAL 457(b) PLAN

P.O. Box 182797, Columbus Ohio 43218-2797 • 1-877-677-3678 • FAX NUMBER: 1-877-677-4329 • WWW.NRSFORU.COM

## 1 - PERSONAL INFORMATION

First Name	M.I.	Last Name
Account Number (Required)	Last Four of SSN	Date of Birth
	X X X X	/ /
Street Number	Street Name	Apt/Suite
City	State*	Zip
Telephone Number	Email	
(    )    -		

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

\*NRS will use the state provided as your state of residency for tax purposes, unless instructed otherwise.

## 2 - DISTRIBUTION REASON (check the option that applies) \*See Important Information section for more detail.

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Severance of Employment                                 | <input type="checkbox"/> Retirement  | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Required Minimum Distribution (Over 70 <sup>1/2</sup> ) | <input type="checkbox"/> In-Service* |                                     |

## 3 - 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, 2) DISTRIBUTIONS FROM DEEMED IRA'S, AND 3) PARTICIPANTS WHO ARE CURRENTLY EMPLOYED AND AGE 70<sup>1/2</sup> OR OLDER.

<p>Plan Name _____</p> <p>Authorized Representative (PRINT) _____</p> <p>Authorized Representative Signature _____</p> <p>Authorized Representative Position/Title _____</p>	<p>Plan Number (ex. 0032514)</p> <p style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></p> <p>Telephone Number</p> <p>(    )    -   </p> <p>Date (MM/DD/YYYY)</p> <p style="border: 1px solid black; text-align: center;">/ /</p> <p>Severance Date (MM/DD/YYYY)</p> <p style="border: 1px solid black; text-align: center;">/ /</p>
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## 4 - DISTRIBUTION SOURCE - Select One Option:

- Proportionately (Default Option)     Source Specific     Fund Specific

If source specific or fund specific option selected, please indicate which source(s) or fund(s):

Source	Amount or %	OR	Fund Name	Amount or %
1) _____	_____		1) _____	_____
2) _____	_____		2) _____	_____
3) _____	_____		3) _____	_____
<b>TOTAL =</b>			<b>TOTAL =</b>	

**5 - ONE TIME PAYMENT** Select One Option:

Entire account balance

Partial amount of \$

,    .

Minimum of \$25.00\* (Amount including tax withholding)

\* The terms of the Plan Document govern the minimum amount allowed for partial one-time payments. Some Plans require a \$1,000.00 minimum for a partial one time payment.

**6 - ON-GOING SYSTEMATIC PAYMENTS**

**Frequency:**  Monthly  Quarterly  Semi-Annually  Annually

If no payment frequency is selected, payment will be set-up for the default option of monthly.

**Start Date:**  /  /  (MM/DD/YYYY)

If start date is not provided, the payment start date will be the date your request is processed. The receipt date of your payment is dependent upon the payment method you select.

**SELECT ONE SYSTEMATIC PAYMENT OPTION:**

**OPTION 1: Fixed Dollar Payment**

Specified amount (minimum of \$25.00) paid to you until your account balance is zero (final payment may be less). The number of payments you receive will vary depending on the earnings (gains/losses) your account experiences.

**Payment Amount: \$**  ,  .  (Amount including tax withholding)

Please check to include the cost of living adjustment (COLA)

**OPTION 2: Fixed Period Payment**

Account balance paid to you for the number of years selected. The actual dollar amount will vary depending on the earnings (gains/losses) your account experiences, and the duration requested. You must choose a calculation method for your payment. If no calculation method is selected, payments will default to the standard method with annual calculations.

**Number of Years:**  (1 – 30 years)

***Please select a calculation method:***

Standard:  Annually (Default Option) **OR**  Per Pay Period

Assumed Growth Rate:  COLA<sup>#</sup>  3%  4%  5%  6%  7%  8%  9%

<sup>#</sup>Cost of living adjustment

**OPTION 3: Life Expectancy and Lifetime Payment**

***Please select a calculation method:***

Life Expectancy / Joint Life Expectancy\*:  Life Expectancy **OR**  Joint Life Expectancy\*

Lifetime / Joint Lifetime\*:  Lifetime **OR**  Joint Lifetime\*

\*Joint Life and Joint Lifetime calculations will be based on the joint life expectancy of you and your primary beneficiary at the time of calculation.

Beneficiary's Date of Birth  /  /

**OPTION 4: Required Minimum Distribution**

Must be at least 70<sup>1/2</sup> years of age to select this option. The benefit commencement date must be no later than April 1<sup>st</sup> of the calendar year following the year in which a participant attains the age 70<sup>1/2</sup>, unless still employed. Note, if you elect to defer the required minimum distribution for the year in which you attain age 70<sup>1/2</sup> to the following year, you will be required to take two required minimum distributions in that year. If the RMD requirement is eliminated by the IRS for any given tax year, you must contact NRS to stop the payment for that year.



## 9 - IMPORTANT INFORMATION

### Contributions and Money Sources

Contributions received after the effective date of this request will be returned to the participant. Funds will be withdrawn equally across all money sources and investment options for each requested distribution unless instructed otherwise. Distributions from rollover and Roth sources may be subject to an early withdrawal penalty. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

### Distribution Reasons

The terms of the Plan Document govern the availability of distribution types. All distribution types offered on this form may not be permitted under the terms of your Plan. To qualify for an in-service withdrawal, you must meet the following criteria: 1) an account balance under \$5,000.00, 2) no deferrals received during the two years previous to this request, and 3) no previous in-service withdrawal distribution.

### Self-Direct Brokerage Account

If you have money in the Self-directed Brokerage account and the requested amount exceeds your core account balance, you will need to transfer funds back to the core account before your request can be processed. If you select a systematic payment, you will need to maintain a sufficient balance in your core account to cover your elected amount.

### Nationwide Purchased Annuities

For information about Nationwide Purchased Annuities, contact the Individual Products Service Center at 1-800-634-5222. Please complete sections 1 and 3 of this form and submit to NRS along with your completed Purchased Annuity application.

**For Rollovers into an Individual Retirement Account (IRA) or another employer plan, please contact a Retirement Specialist by calling 1-877-677-3678 for the appropriate forms.**

**If you would like to confirm or update your beneficiary information, please visit our website at [www.nrsforu.com](http://www.nrsforu.com) or contact our customer service center at 1-877-677-3678.**

## 10 - AUTHORIZATION

By signing this form, If I have an outstanding loan and I am requesting a total distribution of my account, I understand the outstanding loan balance will be part of this total distribution and may be taxable income reported to the IRS on form 1099-R. Any pending loan payments may delay the processing of this withdrawal.

Under penalties of perjury, I certify that: 1. 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 2. 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 3. I am a U.S. citizen or other U.S. person.

By signing below, I hereby acknowledge the following information: 1. Rollover contributions to governmental 457(b) plans that originated from qualified plans, IRAs and 403(b) plans are subject to the early distribution tax that applies to 401(a) / 401(k) plans unless an exception applicable to 401(a) / 401(k) plans applies. 2. Rollover contributions are subject to the Required Minimum Distribution (RMD) rules of the plan they are rolled into, not the plan or IRA from which they came.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. If you select a lump sum or systematic withdrawal lasting less than 10 years 20% of the taxable portion of the distribution paid to you will be withheld for federal income taxes. State taxes will be withheld where applicable. You must submit a Form W-4P (available at [www.irs.gov](http://www.irs.gov)), if you select a different form of distribution. State and federal taxes withheld will be reported on a form 1099-R.

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

I consent to a distribution as elected above. I understand that the terms of the plan document will control the amount and timing of any payment from the plan. Further, I certify that I have read and received the attached Special Tax Notice Regarding Plan Payments. If I elect to receive this distribution before the end of the 30 day minimum notice period, my signature on this election form shall constitute a waiver of my rights to the 30 day notice requirement, if applicable. I certify that I have not become re-employed prior to the distribution elected on this form and to the extent that I have elected a systematic payment method, I will notify NRS that I am no longer eligible for a systematic payment.

I hereby authorize the above elected benefit and attest to the accuracy of the information.

**IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CONTACT US AT 1-877-677-3678.**

**Participant Signature**

**Date**