



### Purpose

This form is to be used for withdrawals when an account balance is under \$5,000.

### Participant Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Account #: \_\_\_\_\_

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

City: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

### Withdrawal

Pay a lump sum withdrawal directly to me.

I understand 20% of the taxable amount of the withdrawal will be withheld for federal taxes.

To qualify for a lump sum withdrawal, you must meet the following criteria:

- Severance from employment

**NOTE:** My withdrawal must begin no later than April 1st following the year I reach age 70½. If I work beyond age 70½, then my withdrawal must begin no later than April 1st following the year I have a severance from employment or retire. All withdrawals are taxable according to tax laws.

### 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, and 2) participants who are currently employed and age 70½ or older.

Employer Name: \_\_\_\_\_ Employer #: \_\_\_\_\_

Authorized Representative (Print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Position/Title: \_\_\_\_\_ Severance Date: \_\_\_\_\_

## Payment Method

### Select One:

- ACH Instructions on File - Send funds to my bank account that Nationwide has on file.
- 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)
- I authorize NRS to send my payout check to me via overnight check to address of record for a fee of \$25 (We will deduct the \$25 from your account. Please also note, we can't offer overnight delivery to a PO Box and Saturday delivery may not be available in your area)ACH Instructions on File - Send funds to my bank account that NRS has on file.
- Direct Deposit ACH (complete information below)

### Financial Institution Information:

Bank Name \_\_\_\_\_

ABA (routing) Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type:  Checking  Savings

**NOTE:** If left blank, we will default to checking.

**NOTE:** Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip or starter check for banking numbers.

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 Nationwide to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Nationwide to make a corrective reversal from this account. Further, I agree not to hold Nationwide 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 Nationwide receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Nationwide. 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.

John Doe  
123 Main Street Ph. (614) 555-1212  
Hometown, OH 45678

Date \_\_\_\_\_ 1492

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
DOLLARS

Money Bank, Inc.  
321 Main Street  
Hometown, OH 45678

MEMO \_\_\_\_\_

⑆ 123456789 ⑆ 000012345678 ⑆ 1492

9-digit ABA routing number      Checking Account Number      Check Number

## 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

Federal Income Tax will be withheld from your payment as required by the Internal Revenue Code.

If I elect to receive this distribution before the end of the 30-day minimum notice period, my signature on this election shall constitute a waiver of my rights to the 30-day notice requirement.

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 (required): \_\_\_\_\_ Date (required): \_\_\_\_\_

## Form Return

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

By email: [rpublic@nationwide.com](mailto:rpublic@nationwide.com)  
By fax: 877-677-4329