



Nationwide Retirement Solutions

Outgoing Rollover Request

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Overview

Nationwide Retirement Solutions (Nationwide) adheres to the USA Patriot Act's Anti-Money Laundering program requirements. Nationwide actively monitors and prohibits illegal money laundering of concealed funds generated from a criminal enterprise.

Please complete all sections of this form. All information on this document must be completed and returned to Nationwide in order to be processed. If you require assistance in completing this form or need additional information, please contact us at 1-877-677-3678.

Account Holder Information

Employer Name: _____ Account Number or Full SSN: _____

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Email: _____

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

Rollover Funds From

Plan Type (select one): ☐ All ☐ 457(b) ☐ 401(a) ☐ 403(b) ☐ 401(k) ☐ Traditional IRA

Dollar Amount or Percentage of Rollover: \$ _____ **OR** _____ %

Source: ☐ All ☐ Employee Pre-Tax ☐ Rollover Pre-Tax ☐ Roth ☐ Other: _____

NOTE: If a source is not selected, your funds will be disbursed pro-rata from all sources.

New Carrier Information

The new Custodian/Provider will likely have their own requirements to complete the rollover/transfer. Prior to submitting, please call them to obtain their rollover/ transfer requirements.

- Confirm all necessary forms have been submitted to your new provider.
- Ensure any additional documentation requested by your new provider is completed.
- Check for any follow-up actions required by your new provider.

New Carrier: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Pre-tax Account Number: _____ Roth Account Number: _____

New Plan/Account Type: ☐ Pre-tax to IRA or Eligible Retirement Plan ☐ Pre-tax to Roth
☐ Roth to Retirement Plan Roth Rollover Account ☐ Roth to Roth IRA

Indicate below where to mail the check (select one). **NOTE:** If nothing selected, check will be mailed to New Carrier.

- ☐ Mail to my address of record
☐ Mail to the New Carrier mailing address provided above

Non-Spousal Beneficiaries: A signed Letter of Acceptance from the new provider (financial institution) on letterhead MUST accompany this form to process your rollover request. If the rollover is to a Roth account, the Letter of Acceptance must mention the acceptance of Roth funds. Non-Spousal Beneficiaries must roll over to an Inherited IRA. Check with the IRA provider to ensure the inherited IRA is established properly.

Overnight Check Option

- ☐ **Check here if you would like the check mailed Overnight for a \$25 fee.** The check will be sent overnight to the new carrier or to you if selected above. Nationwide will deduct the \$25 fee from your account. Overnight delivery is not available to a PO Box and Saturday delivery may not be available in your area.

Life Insurance Information

If you have life insurance coverage through the Plan, please be aware that if you choose to change your deferrals in conjunction with a rollover your policy may lapse and your coverage will no longer be in effect. Also, you remain responsible for compliance with applicable tax regulations concerning life insurance through the Plan.

- ☐ Please cancel my life insurance coverage and refund the cash surrender to my existing Nationwide Retirement Solutions account.
- ☐ Please cancel my life insurance coverage and include the cash surrender value with the rollover to my new provider.
- ☐ Please stop the deferral flow and allow the cash surrender value to keep policy in force until value is exhausted.

Lifetime Income Payment Information

If you are invested in a fund that includes a lifetime income payment feature, withdrawals, including rollovers, taken prior to the income activation date could impact the guarantee and reduce your future lifetime income payments. Withdrawals and rollovers made after the income activation date that exceed the annual lifetime income payment amount will reduce your annual lifetime income payments in future years. Please visit your Plan's website for more information.

Note that the timing of required minimum distributions taken from in-plan guarantee investment options could adversely affect both your income base and your guaranteed income amount in certain situations. Please contact your plan representative for more details.

Tax ID 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

I AUTHORIZE A ROLLOVER OF MY FUNDS TO THE PROVIDER OF THE RETIREMENT PLAN DESIGNATED ABOVE.

I certify that the plan is eligible to accept this distribution. I acknowledge that this transfer may be subject to surrender charges as provided in the annuity contract. Some states require that I am advised that any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

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.

NOTE: Required Minimum Distributions (RMD) are not eligible for rollover. If you have reached your required beginning date and have not satisfied your RMD, you will be subject to a Required Minimum Distribution prior to your funds being rolled over.

This transaction 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.

Signature: _____ Date: _____

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

NRF-0984AO.4 (08/2025)

Overnight Address:

Nationwide Insurance
1-LC-F2
1 Nationwide Plaza
Columbus OH 43215-2239

For help, please call 1-877-677-3678

nrsforu.com