

Retirement Plans

Incoming Assets Form

Phone: 877-677-3678 • Fax: 877-677-4329 • Email: rpublic@nationwide.com

Personal Information				
Employer Name:	Employer Number:			
Name:	Social Security Number:			
Address:	City, State, & Zip Code:			
Date of Birth:	Home Phone Number:			
Department:	Work Phone Number:			
Date of Hire:				
Email Address:				
Rollover/Transfer Funds From				
□ 401(a) Governmental □ 401(a) Qualified/l □ 403(b) Governmental □ 403(b) Qualified/l □ 401(k) Governmental □ 401(k) Qualified/l □ Roth 401(k) □ Roth 403(b) □ Roth 457(b) □ Traditional IRA	Non-Governmental 457(b) Governmental			
Carrier/Custodian Name:	Account Number:			
Address:	Contact Name:			
City, State, & Zip Code:	Contact Phone Number:			
Rollover/Transfer Information				
transfer. You will need to call them to obtain their rollover,				
Does the Provider/Custodian: ☐ Require their own paperwork OR ☐ Accept Nationwi	ide's paperwork			
Does the Provider/Custodian: Require original signatures?	Require notarization of signatures? Yes No Require medallion signature guarantee? Yes No Is a Letter of Acceptance required? Yes No			

Next Steps

- Return this form and all paperwork from your prior Provider/Custodian (if required) to Nationwide using the fax number above or an address below. Receipt of this paperwork will initiate your request to move funds from an outside qualified plan or IRA into your retirement account with Nationwide.
- If funds are not already in transit to Nationwide, we will forward all paperwork to the relinquishing Provider/Custodian. We will follow up to ensure receipt and make sure your outside account is transferred to your Nationwide account. Please note it may take up to 90 days for certain account types to be transferred.
- If you have any questions or received notification of additional requirements from the relinquishing provider/custodian please contact us at 877-677-3678.

Rollover/Transfer Funds To				
Plan Name:		Plan Type:		
Amount to Rollover/Transfer: □ Partial Dollar Amount \$				
☐ Total Account Balance* \$ *Please approximate your account balance for tracking purposes.				
Are you rolling over Roth assets? \square Yes \square No				
If yes, what is the Roth Basis (total contributions without	earnings):	\$		
What is the year of your first Roth Contribution:				
Does the Rollover/Transfer include after-tax assets that are	not subje	ct to Roth distribution r	ules? 🗌 Yes 🗌	No
If Yes, provide, After-Tax Basis Amount: \$		(total contrib	outions without e	earnings)
Make check payable to: Nationwide FBO (Participant Name, SSN, Acct#) Mailing	Address:	Nationwide Retirement PO Box 183150 Columbus, OH 43218	Solutions	
457(b) to 457(b) Incoming Assets (only complete in	f moving	one 457(b) account to a	nother 457(b) a	ccount)
Some 457(b) Plan documents allow participants who leave option to TRANSFER or ROLLOVER the assets from the first when the assets are available for distribution from your NRS	st employ			
I have severed from employment from my previous employe	r on	(date).		
 The difference between a transfer and rollover: Following a Transfer, withdrawal of assets is permitted onl (e.g. Severance of employment or age 70½.) Following a Rollover, withdrawal of assets is permitted at 				
Please make your selection: \square TRANSFER \square ROLLOVE	R			
Investment Direction to Nationwide				
☐ Allocate my rollover/transfer according to the current allocation on file	OR 🗆	Allocate my rollover/trar		
NOTE: If you do not indicate your allocation choices,		Investment Optio	on	Percent
your rollover will be credited to your current allocation.				
Additionally, if you select an investment option that				
is closed, your rollover/transfer will be credited to the Nationwide Money Market Fund.				1000/
			Must total	100%
Authorization				
By signing below, I understand that my Rollover/Transfer w certify that I satisfy the requirements for making this Rollov for Rollover/Transfer. Nationwide Retirement Solutions is e responsibility for the eligibility of this Rollover/Transfer and agree Nationwide Retirement Solutions will not be responsible.	ver/Transf entitled to any tax co	er and this represents a rely fully on my certifi onsequences relating to	n amount which cation. I express	n is eligible sly assume
I hereby request my funds to be allocated and invested as impose a short term trading fee. Please read the underlying			nd some mutual	funds may
Nationwide Retirement Solutions hereby agrees to accept to deposit the proceeds within five business days in your accounts.		er/Transfer described he	erein and upon	receipt wil
Participant Signature:			Date:	
Retirement Specialist Name (Print):			Date:	
Please note: *A Medallion Signature Guarantee may be re Please contact your surrendering financial institution to c		Medallion Signature	Guarantee Stam	p Here