



Qualified Retirement Plan Distribution Form

Please use a pen and print clearly in CAPITAL LETTERS.

Please complete all sections of this form. Failure to do so will result in processing delays. Please consult your tax advisor to assure that the options you have selected are appropriate for your particular situation.

Employer Information

Nationwide Funds Account Number

Name of Plan

Employer Name

Phone Number

Address

City

State

ZIP

Participant Information

Name of Participant (First, Middle, Last)

Street Address

City

State

ZIP

Daytime Phone Number

Date of Birth (mm/dd/yyyy)

Social Security Number

Vested %

Hours Worked During the Year

Distribution

(Select one)

Normal Retirement Age Termination of Employment Plan Termination Disability (Attach proof of disability)

Death (attach certified copy of death certificate and complete Beneficiary Information below) Other _____

Date of Event (mm/dd/yyyy)

Beneficiary Information

Spouse /Beneficiary Name (First, Middle, Last)

Street Address

City

State

ZIP

Relationship to Participant

Spouse/Beneficiary Date of Birth (mm/dd/yyyy)

Spouse/Beneficiary Social Security Number

Payment Election Method

Single Sum Cash Payment _____
(\$ Amount)

Installment Payment in the Following Manner _____

Required Minimum Distribution _____
(\$ Amount) Tax Year _____

*This election applies only to a participant who is required to begin taking the required minimum distribution for this calendar year. Check only one box:
I elect to not to recalculate the life expectancy used to determine my required minimum distribution.*

Name of Oldest Primary Beneficiary Relationship

Beneficiary Date of Birth (mm/dd/yyyy) Beneficiary Social Security Number

Direct Rollover of Eligible Rollover Distribution (Check one option below)

To an IRA Account

You must establish an IRA account at your financial institution before we send the distribution. An account number and forwarding instructions must be provided in order to process this request.

Name of Financial Institution

Address

City State ZIP

IRA Account Number Wire Instructions: ABA Number Account Number

To Another Qualified Retirement Plan

Name of Plan

Address

City State ZIP

Account Number

Other _____

Payout / Withholding Options

THE FOLLOWING MUST BE COMPLETED: Please refer to the enclosed "Distribution Notice" and sign the statement below. If you directly receive the single sum payment, it may be subject to 20% withholding.

I have received the "Distribution Notice" from the Plan Administrator. I have read, retained and understand the "Distribution Notice". I hereby request payment from the qualified retirement plan designated above in the manner indicated. In addition, if I am eligible to waive the notice requirements under Sections 402(f), 417(a)(3) and 41 I(a)(II) of the Internal Revenue Code, I hereby waive the 30-day notice period.

Participant Signature

Date

If the distributions are not eligible rollover distributions, then the withholding election may still apply. If you do not waive withholding on any non-eligible distributions, federal income tax will be withheld at the rate of 10%, unless you specify a greater rate here: *(Complete one)*

Rate _____% *(not less than 10%)*

Do not withhold Federal Income Tax

Signatures

I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator (Employer), Financial Organization (Prototype Sponsor), or any Plan Fiduciary. I have not received tax advice from either the Plan Administrator or Financial Organization. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequence that may arise from this distribution, and I agree that the Plan Administrator, Financial Organization, and any Plan Fiduciary shall in no way be responsible for those consequences.

Participant / Beneficiary Signature

Date

Authorized Plan Administrator / Employer Signature

Date

Joint and Survivor Notification

(This must be completed for distribution)

Your Plan benefits will be paid in the form of a Joint and Survivor Annuity unless you and your spouse (if applicable) elect a different form of distribution. This notice will explain to you the Joint and Survivor Annuity and the effect of electing another form of benefit.

A Joint and Survivor Annuity provides you with a monthly payment for your life and upon your death, if you are married, a monthly payment for your spouse. Your spouse's monthly benefit will be an amount not less than one-half nor greater than your monthly benefit.

If you do not wish to receive your plan benefit in the form of a Joint and Survivor Annuity and you are married, you must agree in writing to waive this benefit and your spouse must consent to your waiver. This waiver must be made not less than 30 nor more than 90 days before your retirement benefit is scheduled to commence and must be witnessed by a notary public. By waiving a Joint and Survivor Annuity form of benefit, you will not be able to receive a benefit consisting of monthly payments for your life and monthly payments for your spouse's life should you predecease him/her. You then have the right to select another form of benefit. You also have unlimited right to reinstate the Joint and Survivor Annuity or make a new election before your benefits commence.

In addition, if you are under age 62, (or your plan's normal retirement age, if later) you do not have to receive your retirement benefits at this time. You may wait until such age prior to requesting a distribution.

The Plan Administrator will check here if the following election does NOT apply.

The Waiver Election is applicable to all Money Purchase Pension Plans and Target Benefit Plans. It also applies to Profit Sharing Plans and 401(k) Plans if you did not select the REA Safe Harbor found in the Adoption Agreement. If you did select the REA Safe Harbor provision, please place a check mark in the indicated box above. If this box is not checked, then the participant MUST elect one of the following below.

I certify that I am not married

I am married and: I elect to waive the Joint and Survivor Annuity form of benefit.

I do not waive the Joint and Survivor Annuity form of benefit. *(If elected, you may not choose the single sum payment.)*

If you are married and the Joint and Survivor Annuity benefit is waived, or a beneficiary other than your spouse is named, your spouse MUST sign below.

Joint and Survivor Notification (Continued)

I acknowledge that I am entitled to a benefit equal to at least one half of my spouse's vested accrued benefit. I also have the right to designate the beneficiary of my spouse's account in the event of his/her death. I waive my right to such benefit and consent to the designation of beneficiary set forth above. If I am not named as beneficiary, I understand I will receive no benefits from this qualified retirement plan. I have read the information about Qualified Joint and Survivor Annuities of the "Distribution Notice".

Participant Signature

Date

Spouse Signature

Date

WITNESS: Notary Public (***This signature of the spouse must be witnessed by a notary public.***)

Subscribed and sworn to before me on this _____ day of _____.

Signature

For assistance completing this form, call 800-848-0920. Send completed forms to:

Mail:
Nationwide Funds
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Services:
Nationwide Funds
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207