

# INCOMING ASSETS FORM

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 Retirement Solutions 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.

Check here if you are transferring assets from an existing Nationwide plan to your current Nationwide plan.

<b>Account Holder Information</b>	<b>Name (Please Print)</b>	<b>Social Security Number</b>
	<b>Address</b>	<b>Date of Birth</b>
	<b>City, State, &amp; Zip Code</b>	<b>Contact Phone Number</b>
	<b>Employer Name</b>	<b>Employer Number</b>
	<b>Work Phone Number</b>	<b>Work Phone Number</b>
<b>Email Address</b>		

<b>Rollover/ Transfer Funds FROM</b>	<b>Plan Type:</b> <input type="checkbox"/> 401(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> 401(k) <input type="checkbox"/> DROP plan <input type="checkbox"/> Traditional IRA <input type="checkbox"/> 457 Spousal Benefit	
	<b>Carrier/Custodian Name</b>	<b>Account Number</b>
	<b>Address</b>	<b>Contact Name</b>
	<b>City, State, &amp; Zip Code</b>	<b>Contact Phone Number</b>

<b>Rollover/ Transfer Funds TO</b>	<b>Plan Type:</b> <input type="checkbox"/> 457 <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k)	<b>Amount to Rollover/Transfer:</b> <input type="checkbox"/> Partial dollar amount \$ _____ <input type="checkbox"/> Total account balance
	<b>Make check payable to:</b> Nationwide Retirement Solutions FBO (Participant Name, SS#)	
	<b>Mail check to:</b> Nationwide Retirement Solutions P.O. Box 182797 Columbus, OH 43218-2797	

**457 to 457 Incoming Assets**

Some 457(b) Plan documents allow participants who leave one employer and accept a position with a new employer, the option to TRANSFER or ROLLOVER the assets from the first employer. The choice of transfer or rollover will determine when the assets are available for distribution from your NRS account. I have severed from employment from my previous employer on \_\_\_\_\_ (date).

**The difference between a transfer and rollover:**

- Following a **Transfer**, withdrawal of assets is permitted only when the account holder experiences a distributable event. (e.g. Severance of employment or age 70 1/2.)
- Following a **Rollover**, withdrawal of assets is permitted at any time pursuant to the account holder's request.

**Please make your selection:**  TRANSFER  ROLLOVER

<b>Investment Direction to Nationwide Retirement Solutions</b>	<input type="checkbox"/> Credit my rollover/transfer according to the current allocation on file	<b>OR</b>	<input type="checkbox"/> Credit my rollover/transfer as listed below:																
	*If you do not indicate your allocation choices, 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.																		
			<table border="1"> <thead> <tr> <th>INVESTMENT OPTIONS</th> <th>PERCENT</th> </tr> </thead> <tbody> <tr><td> </td><td> %</td></tr> <tr><td> </td><td> %</td></tr> <tr><td> </td><td> %</td></tr> <tr><td> </td><td> %</td></tr> <tr><td> </td><td> %</td></tr> <tr><td> </td><td> %</td></tr> <tr> <td><b>MUST TOTAL</b></td> <td><b>100 %</b></td> </tr> </tbody> </table>	INVESTMENT OPTIONS	PERCENT		%		%		%		%		%		%	<b>MUST TOTAL</b>	<b>100 %</b>
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**Authorization**

I acknowledge that I have received and read the fund prospectuses for the investment options I have elected above. I understand that my direct rollover will become subject to the terms and conditions of the plan. I understand that all distributions will be withdrawn on a pro-rated basis across all accounts within the plan selected. I certify that I satisfy the requirements for making a pre-tax rollover/transfer into an eligible retirement plan. Nationwide Retirement Solutions is entitled to rely fully on my certification. I expressly assume responsibility for tax consequences relating to this rollover/transfer, and I agree that Nationwide shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds to be invested as directed on this form. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

Nationwide Retirement Solutions hereby agrees to accept the rollover/transfer described herein and upon receipt will deposit the proceeds within 5 business days in the account established on behalf of the individual's eligible employer.

**Important: Please liquidate and transfer all securities necessary to complete this transaction.**

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_ Retirement Specialist \_\_\_\_\_ Date \_\_\_\_\_