

Beneficiary/Alternate Payee Claim

Participant Information

Beneficiary Claim (check one below)
☐ Spouse
☐ Non-Spouse

OR

Alternate Payee Claim (Domestic Relations Order) (check one below)
☐ Ex-Spouse
☐ Other

Plan Participant's Name

Plan Participant's Social Security Number

Claimant Name

Claimant's Social Security Number

Mailing Address

Claimant's Date of Birth

City, State and Zip Code

Select Beneficiary(ies)

This form will replace any previous beneficiary selections. Please indicate the names of the beneficiaries, the split you would like each one of them to receive, your relationship to the beneficiaries, their Social Security numbers and their dates of birth.

Beneficiary Type	Beneficiary Name	Split %	Relationship	Social Security Number	Date of Birth
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Attach a separate sheet if you have more than one primary or contingent beneficiary. You must indicate how much you want each of them to receive. If you don't indicate the percentage, payments will be distributed equally to the Contingent beneficiary(ies) that have pre-deceased the participant.

If this request is a beneficiary claim, submit a certified copy of the death certificate with this form. If the claimant is a minor, legal guardianship papers must also be included. If there are multiple claimants, each must complete a copy of this form and all documents must be submitted at the same time. Descriptions of the payout options are on the back of this form. Not all options are available for non-spousal beneficiaries. For more information, please contact us at 1-877-677-3678.

Payout Options

Select Plan Type:
☐ 457 (b) Plan ☐ 401(a) Plan ☐ 403(b) Plan ☐ 401(k) Plan
(All funds will be withdrawn on a pro-rated basis across all accounts within the plan selected.)

1. ☐ LUMP SUM PAYMENT OF THE ENTIRE ACCOUNT VALUE


2. ☐ PARTIAL LUMP SUM PAYMENT:.....\$

3. ☐ SYSTEMATIC WITHDRAWAL: All funds will withdrawn on a prorated basis across all investment options.
Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
☐ a. Designated Amount of \$
If you are a Spousal Beneficiary or an Ex-Spousal Alternate Payee and the payments are expected to last less than 10 years, complete Section 4 below.
☐ b. Designated Period of years (1-30)
If you are a Spousal Beneficiary or an Ex-Spousal Alternate Payee and the payments are less than 10 years, complete Section 4 below.
☐ c. Required Minimum Distribution (Must be at least 70½. This option is not eligible for rollover.) See back of form for additional details.

4. ☐ NATIONWIDE PURCHASED ANNUITIES (Your election of a purchased annuity is irrevocable.)
Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
☐ a. Single Life Annuity (No Beneficiary)*.....☐ Fixed ☐ Variable
☐ b. Life Income with Payments Certain*.....☐ Fixed ☐ Variable
 ☐ 5 yrs certain ☐ 10 yrs certain ☐ 15 yrs certain ☐ 20 yrs certain ☐ 25 yrs certain ☐ 30 yrs certain
☐ c. Fixed Designated Period of years (3-20)
☐ d. Designated Amount of \$

*Attach proof of date of birth for Life Annuity and Life Income

Eligible Rollover Distribution

 This option is available only to Spousal Beneficiaries and Ex-Spousal Alternate Payees. Complete only if you have elected a lump sum distribution or a systematic withdrawal that is reasonably expected to last less than 10 years. If no election is made, box #1 below will apply.

1. ☐ Pay directly to me. I understand 20% of the taxable amount of the eligible rollover distribution will be withheld for federal income taxes.

2. ☐ Direct Rollover:
☐ I wish to have 100% of the eligible rollover distribution directly rolled over to the eligible retirement plan or IRA designated below.
☐ I wish to have \$ (at least \$500) directly rolled over to the eligible retirement plan or IRA designated below. Pay remaining portion directly to me. I understand 20% of the taxable portion of the distribution paid to me will be withheld for federal income taxes.
Direct rollover plan designation (select only one):
☐ TO ANOTHER ELIGIBLE RETIREMENT PLAN:
Caution: You are advised to verify that the Plan will accept this direct rollover.
Name of Plan:
Address: City: State: Zip:
☐ TO AN IRA*
Name of Financial Institution: Account Number:
Address: City: State: Zip:
*You must establish an IRA account at your financial institution prior to our sending the distribution. An account number and forwarding instructions must be submitted with this form in order to process the direct rollover to an IRA.

Authorization

I certify that I have received and read the “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 shall constitute a waiver of my rights to the 30-day notice requirement.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. You must submit a W-4P with this request and payments will be reported on a 1099-R Form. State taxes will be withheld where applicable.

Signature of Claimant

Date

IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CONTACT US AT 1-877-677-3678