Nationwide®

Coronavirus-Related Distribution Request
Private Sector Operations

Phone: 800-772-2182 • Fax: 877-NF401ks (877-634-0157) • nationwide.com

This form is to be used for a distribution made available under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Available for participants only.

1. Plan Information

Plan Number: ______________________ Plan Name: ______________________

2. Participant Information (all fields required)

Name: ______________________ SSN: ______________________

Date of Birth: ______________________ Date of Hire: ______________________ Phone: ______________________

Street Address: ______________________

City: ______________________ State[1]: ______________ Zip: ______________

Email: ______________________ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

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

[1] Nationwide will use the state provided in your mailing address as your state of residency for tax purposes.

3. Payment Amount

☐ Total Vested Balance OR ☐ Other Amount: $______________________

NOTE: An amount must be provided and cannot exceed the lesser of 100% of the vested balance or $100,000 from all plans maintained by the Employer.

4. Distribution Direction (select one)

If an option is not selected, your assets will be distributed from all money sources and investment funds (pro-rata). If you indicate a percentage, you must use whole percents only.

☐ **1. Proportionately** from all sources and funds (pro-rata)

☐ **2. From Specific Sources** (indicate all that apply)

______________ $______________ or ______%

______________ $______________ or ______%

______________ $______________ or ______%

______________ $______________ or ______%

______________ $______________ or ______%

☐ **3. From Specific Funds** (please list funds)

______________ $______________ or ______%

______________ $______________ or ______%

______________ $______________ or ______%

______________ $______________ or ______%

______________ $______________ or ______%

5. Income Tax Withholding

Federal Income Tax Withholding: A 10% income tax will be withheld unless you elect otherwise below.

☐ No Withholding ☐ Other Withholding Amount: ______%

State Income Tax Withholding: State taxes will be automatically withheld if you are a resident in a state that mandates state income tax withholding. If you would like to adjust your state taxes, please complete and attach a state tax withholding form. These forms can be obtained from the State website; Nationwide does not supply these forms.

6. Payment Method

☐ **Send check by first class mail to my address of record**. Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected)

☐ **Direct Deposit ACH** (complete information below)

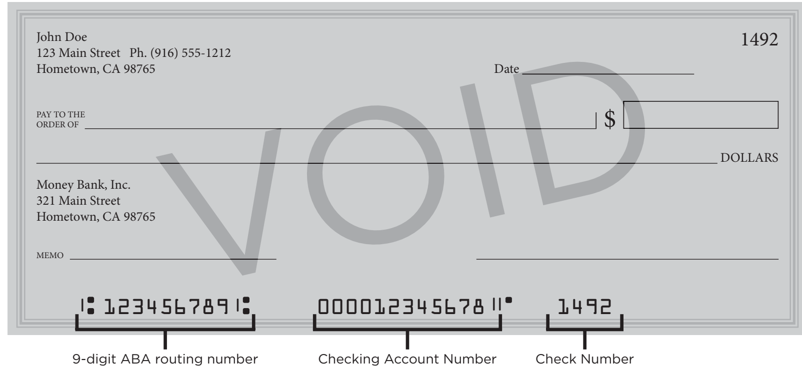
Financial Institution Information:

____
Financial Institution Name

Account Type: ☐ Checking ☐ Savings
If account type is not selected, checking will be used.

____
Transit/ABA routing Number

____
Account Number



Account Verification: The following documents are required to verify ownership of the account provided:

- **Checking Accounts:** Please include a pre-printed voided check with this authorization.
- **Savings Accounts:** Please include a letter from the bank, signed by a bank representative, which indicates the ABA routing number, the account number and the account holder's name for verification.

NOTE: Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip or starter check for banking numbers.

Is this account associated with a brokerage firm or other investment firm? ☐ Yes ☐ No

If yes, have you confirmed that the ABA and account numbers are correct? ☐ Yes ☐ No

I hereby authorize Nationwide to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Nationwide to make a corrective reversal from this account. Further, I agree not to hold Nationwide responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Nationwide receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Nationwide. **In the event this direct deposit authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.**

7. Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan distributions. FATCA does not apply as this is a U.S. account.

Under penalties of perjury, I certify 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.

8. Participant Coronavirus Certification and Distribution Authorization

By signing this form, I certify that I meet at least one of the qualifications for a distribution as defined under the CARES Act Section 2202(a)(4)(A) summarized below:

1. I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention; or
2. I have a spouse or dependents diagnosed with such virus or disease by such a test; or
3. I have experienced adverse financial consequences stemming from such virus or disease as a result of:
   - Being quarantined, furloughed or laid off
   - Having reduced work hours
   - Being unable to work due to lack of child care
   - The closing or reduction of hours of a business I own or operate
   - Other factor determined by the Treasury Department.

I authorize the distribution as elected above. I understand, acknowledge, and consent to the following:

1. The terms of the Plan document, Internal Revenue Code (IRC), and any applicable regulations will determine the payment from my Plan; and
2. The taxable portion of the distribution is subject to ordinary income. Federal income tax will be withheld from my payments as required by the IRC. State and federal income taxes withheld will be reported on a Form 1099-R; and
3. A withdrawal fee may apply and will be deducted from my account. The amount of the fee is stipulated in a fee disclosure for the Plan and may be obtained from my Plan Administrator; and
4. I understand that once submitted this election is final.

I certify under penalty of perjury all information provided in this request is true and accurate to the best of my knowledge.

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:** ______________

NOTE: Adobe Signature is not permitted.

NOTE: The full text of the CARES Act can be found at https://www.congress.gov/bill/116th-congress/house-bill/748/text

9. Spousal Consent (if applicable)

Please refer to your Summary Plan Description, contact your Plan Administrator or Employer to determine if Spousal Consent is required.

☐ Not Applicable – I certify I am not married and/or the plan does not require spousal consent.

If the plan requires spousal consent, and you are married, this section must be completed and the signature must be witnessed by the Plan Sponsor or a Notary below. If you have questions, please contact the plan sponsor.
I hereby consent to the payment from the plan requested above and I certify that I have been made aware of the effects of this consent.

Spouse Information:

Printed Name: ______________________________

Signature: ______________________________ **Date:** ______________

NOTE: Adobe Signature is not permitted.

Witnessed by Plan Sponsor:

Signature: ______________________________ **Date:** ______________

NOTE: Adobe Signature is not permitted.

Witnessed by Notary:

State of ______________, in the county of ______________, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced ______________ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on ______________ (mm/dd/yyyy).

Notary Information:

Printed Name: ______________________________

Signature: ______________________________

NOTE: Adobe Signature is not permitted.

Date: ______________________________

My commission expires: ______________________________

NOTARY SEAL/STAMP

10. Plan Sponsor Authorization (if applicable)

Please contact your Plan Administrator to determine whether or not Plan Sponsor Authorization is required.

☐ I authorize the payment of retirement plan benefits as requested by the participant and attest to the accuracy contained herein.

☐ I deny the payment of retirement plan benefits as requested by the participant because:

____

Plan Sponsor:

Printed Name: ____

Signature: ____ **Date:** ____________________

NOTE: Adobe Signature is not permitted.

11. Authorization

As an authorized representative, by signing below I authorize the coronavirus-related distribution as elected above.

Authorized Representative/Administration Firm:

Printed Name: ____

Signature: ____ Date: ____________________

NOTE: To expedite processing of this request please email this completed form to **nwforms@nationwide.com**.

12. PPA/TPA Fee (to be completed by the Plan Administrator)

Does a PPA/TPA Withdrawal Fee apply? ☐ No ☐ Yes

If Yes, Amount: $________________

Show PPA/TPA Fees on Check? ☐ No ☐ Yes (if blank, No is assumed)