

TRANSACTION FORM

Participant Withdrawal/Direct Rollover Request

(When Nationwide[®] is Designated Payor)
(APO-2149)

Use the Participant Withdrawal/Direct Rollover Request when requesting a distribution from a participant accounting or investment only case, including a direct rollover to an eligible retirement plan when Nationwide[®] is designated the payor. Please use a separate form for each payee. Do not use this form if the situation(s) below applies. Instead, please submit the Contract Asset Transfer Request form (APO-3194) to Nationwide[®].

- Total/partial plan termination
- Total/partial contract liquidation
- Transfer to a funding successor

If there are multiple fixed funding options in this plan and the de minimus policy does not apply to the withdrawal, Attachment B—Multiple Fixed Contract Detail must be completed and submitted with the Participant Withdrawal/Direct Rollover Request form. Attachment B can be located in the last section of this tablet.

If a withdrawal request is sent by facsimile machine, fax only the front of the Participant Withdrawal/Direct Rollover Request. Do not send the original form to us. Instead, the original withdrawal request, original W4-P Form signed by the participant or beneficiary, if any, and the CDSC/Termination Charge Worksheet must be retained in your files for review by Nationwide[®] upon request.

This form has been developed expressly for Plan Administrators and is not for use by contractholder's.



Nationwide Financial
Pension Operations
1-800-548-6436
FAX: (614) 249-3550

Participant Withdrawal/Direct Rollover Request

Step 1: Complete one form for each payee involved in this withdrawal. Indicate the number of pages for this withdrawal by completing the "PAGE ____ OF ____" at the top of the form.

Step 2: Complete the "Case Information" section.

Step 3: Complete the "Participant Information" section.

- Complete this section for both participant accounting and investment only cases. The participant's address must be completed for 1099-R purposes.
- Complete the CDSC/Termination Charge worksheet on the reverse side of the form to determine if a CDSC/Termination Charge applies to the withdrawal. The worksheet should not be faxed to Pension Operations, but must be retained in your files for future reference.
- Complete the CDSC/Termination Charge question based upon the completed CDSC/Termination Charge worksheet.
- If this withdrawal is for the allocated product, indicate whether or not the participant is over the age of 59 1/2.

Step 4: Complete the "Payee/Withdrawal Information" section.

- Indicate whether the distribution is for the participant or a beneficiary.
- Select the appropriate payee method. Remember to complete this form for each payee method and to indicate the "TOTAL NUMBER OF PAYEES."
- Indicate if the distribution involves an in-kind transfer of a Self Directed Brokerage Account (SDB) or Employer Stock Fund holdings, if applicable. In-kind transfers are available for non-taxable distributions only.

Please Note: A fee of \$100 applies to each in-kind transfer distribution.

- If the distribution is for a beneficiary and the payee method is a direct rollover, the beneficiary's name, address and Social Security Number are required for tax reporting. Please provide the name and address in the "SPECIAL INSTRUCTIONS" section.
- If the distribution includes all or a portion of a SDB or Employer Stock Fund holdings, the entire distribution can be handled on one form. Please indicate the funds at Nationwide[®] that are involved in the withdrawal, as well as the SDB (fund symbol SDBJ), under the "Contract/Funds" section. Also, if the SDB will be transferred in-kind, indicate this as shown below.

<u>CONTRACT/FUND</u>	<u>Source</u>	<u>%/ \$ AMOUNT/UNITS</u>
Fund A	all	100%
SDBJ	all	100%, in-kind transfer

Please note: Self-Directed Brokerage account assets that will be transferred in-kind must be 100% vested.

- If the payee method selected is a direct rollover to a Nationwide[®] Individual Annuity IRA, the completed Soloist[®] application form appropriate for the state needs to be submitted with this form.

Also remember to complete IRS Form 5305-A and an Annuitant Medical questionnaire (APO-2538) if the rollover amount is \$1 million or more.

Participant Withdrawal/Direct Rollover Request

Step 4: "Payee/Withdrawal Information" (Cont'd)

Soloist Application Form Numbers		Soloist Application Form Numbers	
<u>Form Number</u>	<u>State</u>	<u>Form Number</u>	<u>State</u>
APO-1807-22	AZ	APO-2843	NY
APO-1807-15	FL	APO-1807-8	OH
APO-1807-13	KY	APO-1807-37	OR
APO-1807-30	MN	APO-1807-19	PA
APO-1807-6	NJ	APO-1807-29	TX
		APO-1807-31	VT

- Provide payee information unless you selected a direct rollover to a Nationwide® Individual Annuity IRA or if already provided in the "PARTICIPANT INFORMATION" section. If assets are being directly rolled to an eligible retirement plan other than a Nationwide® Individual Annuity IRA, provide the account number of the plan, if known. Provide the name of the qualified plan as it should appear on the check or wire. Note the following examples:
- ABC Bank as Trustee of Individual Retirement Account of John Q. Smith

Trustees of XYZ Corporation Savings Plan FBO Jane Doe (use when the name of the participant is not included in the name of the plan.)

Note: Twelve spaces are available in the first field and 18 spaces are available in the last field of the payee name section. If the name has more characters than spaces allowed, abbreviate or write the name as it should appear on the check. Please do not write over the black box.

- Be certain to circle only one option in the "%/\$ Amount/Units" column. Use only whole numbers for "%" (e.g., 6%), 2 places to the right of the decimal for "\$ Amount" (e.g., \$50.75), or 4 places to the right of the decimal for "Units" (e.g., 12.5689).
- Indicate whether a Plan Administrator fee applies to this payee. If so, provide the amount of the fee on the form. Indicate whether or not fees should appear on the check, if applicable.

Note: For participant accounting cases, some of the funds in this plan may have redemption fee policies. This transaction may be subject to redemption fees. Please review the Trading Policy List for more details.

- If this withdrawal is for a participant accounting case:
 - Any fees will be taken in addition to the withdrawal amount specified when a specific dollar or share amount is shown;
 - Any fees will be netted from the distribution when taking 100% of the participant's account balance.
- If this withdrawal is for an investment only case, any fees will be taken in addition to the withdrawal amount specified.

Step 5: Complete the "Payment Method" section.

- If you selected "OTHER" for the "MAIL CHECK TO" option, please provide the mailing address in the address lines provided.

Participant Withdrawal/Direct Rollover Request

Step 5: "Payment Method" section (Cont'd)

- Be certain to select the method for shipping. If you select an Overnight or 2nd day delivery option, please provide your firm's UPS account number. A rush request without an account number may cause a delay in shipment.
- If you selected "WIRE" for the "PAYMENT METHOD," please provide the wiring instructions in the spaces provided.
- If you selected "ACH," please indicate whether funds should be sent to the participant's checking, savings or IRA account. Please provide the transit routing number (ABA) and the bank account number.

Step 6: Complete the "Tax Information" section.

- To determine the distribution code, refer to the 1099-R tax form instructions.
- If the distribution includes all or a portion of a Self Direct Brokerage account or Employer Stock Fund holdings that should be treated as an in-kind transfer, please indicate the distribution code that will apply to the in-kind transfer.
- Be certain to answer the question "Is this a total or partial distribution for this participant?"
- Select "FEDERAL MANDATORY 20% WITHHOLDING" if the disbursement is an eligible rollover distribution, but is not being directly rolled over into an eligible retirement plan.
- Select "FEDERAL ELECTIVE WITHHOLDING" if the disbursement is subject to federal taxes other than the mandatory 20% withholding, i.e., 70 1/2 minimum distribution and outstanding loans. If you want to withhold taxes, enter the percentage or dollar amount under "___%" or "\$___."
- Select "STATE WITHHOLDING" if the distribution is subject to state withholding. If "___%" or "\$___" is left blank, Nationwide® will automatically calculate.
- Select "STATE ADDITIONAL" if you want to specify an additional dollar amount, flat dollar amount or flat percentage.
- Select "NO WITHHOLDING" if the disbursement is a direct rollover to an eligible retirement plan or other disbursement not subject to tax withholding, e.g., a withdrawal made up of all employee post-tax voluntary contributions, a loan withdrawal, etc.

The original W4-P does not need to be sent with this request but MUST be retained in your files for review by Nationwide® upon request.

When a dollar amount is included in the blank labeled "Outstanding Loan (Additional Reportable)," Nationwide® will withhold 20% of that dollar amount. A withdrawal request involving an outstanding loan amount is regarded as an early distribution for federal and state tax purposes. The one exception to this rule is when the withdrawal request is for a rollover. In this case, no tax will be applied to the loan amount.

Note: Incorrect completion of the withholding information may result in the assessment of penalties by the IRS.

If you have any questions regarding the completion of this form, please contact your case service specialist.

Participant Withdrawal/Direct Rollover Request

(For use when Nationwide® is Designated Payor)

FAX: (614) 249-3550

PAGE ___ OF ___

CASE INFORMATION

Case Number: _____ Case Name: _____

Does this case include other fixed contracts? No Yes (If yes, answer the next question)

Does the de minimus policy apply to this withdrawal? No Yes (If no, complete Attachment B)

PARTICIPANT INFORMATION

 Complete the CDSC/Termination Charge worksheet before answering this question.

Does a CDSC/Termination Charge apply? No Yes

Is the participant over the age of 59 1/2? (allocated products only) No Yes

1099-R address (please provide beneficiary social security number, name and address in special instructions)

Social Security Number: _____ - _____ - _____ Name: _____

Address: _____

PAYEE/WITHDRAWAL INFORMATION

Total Number of Payees: _____

Distribution is for: Participant Beneficiary - SSN# _____

Payee Method: Direct Payment Direct Roll to Nationwide® Individual Annuity IRA - Identical Fund Transfer

Direct Roll to Other Eligible Plan/IRA Direct Roll to Nationwide® Individual Annuity IRA - Change INV Mix

In kind transfer out for: _____ SDB account or _____ ER stock fund (non taxable distributions only)

Payee Name: _____

Payee Address: FBO _____

Acct # (If applicable) _____

Street: _____

City: _____ State: _____ Zip: _____

CONTRACT/FUND	SOURCE	%/ \$ AMOUNT/UNITS (Circle one)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	TOTAL \$ _____

For participant accounting cases, should the participant's remaining balance be forfeited to the forfeiture account? No Yes

Note: For participant accounting cases, some of the funds in this plan may have redemption fee policies. This transaction may be subject to redemption fees. Please review the Trading Policy List for more details.

Plan Administrator Withdrawal Fee Apply? No Yes \$ _____ Show Fees on Check? No Yes (If blank, no is assumed)

PAYMENT METHOD

Mail Check To: Plan Administrator Participant Payee

Plan Sponsor Other (Fill in address below)

Shipping Method (select 1 option only)

U.S. Mail UPS Next Day Air Early A.M.SM

UPS Next Day Air UPS Next Day SaverSM

UPS 2nd Day Air A.M. (10oz.) UPS 2nd Day Air

UPS Account #: _____

Wire Funds To:

Bank Name: _____ City: _____

State: _____ Zip: _____

ABA #: _____ Acct #: _____

ACH: Checking Savings IRA

Bank Name: _____ City: _____

State: _____ Zip: _____

ABA #: _____ Acct #: _____

TAX INFORMATION

Reason (be specific): _____

IRS Distribution Code _____ Total Distribution

Partial Distribution

IRS Distribution Code _____
(for In-kind transfer, if applicable)

Federal Mandatory 20% Withholding

Federal Elective Withholding _____ % or \$ _____

State Withholding _____ % or \$ _____

State Additional _____ % or \$ _____

No Withholding

Employee Contributions (Non Taxable) \$ _____

Outstanding Loan (Additional Reportable) \$ _____

Distribution Code for Outstanding Loan _____

SPECIAL INSTRUCTIONS:

Signature of Contractholder's Authorized Representative

Date

CDSC/TERMINATION CHARGE WORKSHEET

Use For BOA Retirement Advisor AdvisorSM /Resource Group Annuity Contracts

TO DETERMINE IF A CDSC/TERMINATION CHARGE APPLIES TO THE WITHDRAWAL, COMPLETE THIS WORKSHEET.

- | | | |
|--|-----------------------------|------------------------------|
| 1. Is this a transfer to a funding successor? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 2. Is this resulting from a partial or full termination of the Plan? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 3. Is this a cash payment to an officer? (see the following exceptions) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 4. Is this a cash payment to a 10% owner? (see the following exceptions) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If "YES" is checked for the first or second question above, this Withdrawal Request form CANNOT be used. Instead, please submit the Contract Asset Transfer Request form (APO-3194) to Nationwide[®]. Please contact your Case Service Specialist for further instructions.

If "YES" is checked for the third or fourth question above, a CDSC/ Termination Charge applies UNLESS the reason for withdrawal is one of the following:

- LOAN
- FINANCIAL HARDSHIP
- DISABILITY WHICH MEETS SOCIAL SECURITY DEFINITION
- DEATH
- REQUIRED 401(a)(9) DISTRIBUTIONS

Use For BOA Retirement ManagerSM Group Annuity Contracts

TO DETERMINE IF A CDSC APPLIES TO THE WITHDRAWAL, COMPLETE THIS WORKSHEET.

- | | | |
|--|-----------------------------|------------------------------|
| 1. Is this a transfer to a funding successor? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 2. Is this resulting from a partial or full termination of the plan? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 3. Is this a cash payment? (see the following exceptions) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If "YES" is checked for the first or second question above, this Withdrawal Request form CANNOT be used. Instead, please submit the Contract Asset Transfer Request form (APO-3194) to Nationwide[®]. Please contact your Case Service Specialist for further instructions.

If "YES" is checked for the third question above, a CDSC applies UNLESS the reason for withdrawal is one of the following:

- 70 1/2 MRD
- QDRO
- Participant is over 59 1/2 **AND** the contract is on or past its 5th anniversary
- LOAN
- FINANCIAL HARDSHIP
- DISABILITY WHICH MEETS SOCIAL SECURITY DEFINITION
- DEATH

Attachment B

Multiple Fixed Contract Detail

(Use with a withdrawal or exchange request when the fixed contract selected for the case requires that the transaction be made on a pro rata basis.)

Pension Operations

FAX: 614-249-3550

CASE INFORMATION

Case Number: _____ - _____	Case Name: _____
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STEP 1

Enter total dollar amount of withdrawal or exchange from all fixed contracts for this case: \$ _____

De minimus policy: If the amount to be withdrawn or exchanged from any Nationwide[®] fixed contract for a case is less than \$5,000, and if the total amounts withdrawn and exchanged within the past 12 months do not exceed five percent of the aggregate value of all Nationwide[®] fixed contracts held under the case as of the date of the withdrawal or exchange request, then the pro rata rule does not apply.

STEP 2

Specify the name of the fixed contracts and list assets in each:

- | | | | |
|-----|-------------------------------|-------|----------|
| 2a. | Nationwide [®] Fixed | _____ | \$ _____ |
| 2b. | Other Fixed #2 | _____ | \$ _____ |
| 2c. | Other Fixed #3 | _____ | \$ _____ |
| 2d. | Other Fixed #4 | _____ | \$ _____ |
| 2e. | Other Fixed #5 | _____ | \$ _____ |

STEP 3

Add total value of all fixed contracts (lines 2a — 2e) \$ _____

STEP 4

Calculate the pro rata percentage of each contract to the total value of all fixed contracts:

- | | | | |
|-----|-------------------------------|-------|--------------------------------|
| 4a. | Nationwide [®] Fixed | _____ | % (2a divided by Step 3 total) |
| 4b. | Other Fixed #2 | _____ | % (2b divided by Step 3 total) |
| 4c. | Other Fixed #3 | _____ | % (2c divided by Step 3 total) |
| 4d. | Other Fixed #4 | _____ | % (2d divided by Step 3 total) |
| 4e. | Other Fixed #5 | _____ | % (2e divided by Step 3 total) |
| | Total | 100% | |

STEP 5

Calculate Nationwide[®]'s pro rata share of the withdrawal or exchange by multiplying line 4a by Step 1 total. \$ _____

Enter this amount on the withdrawal or exchange request as the amount that should be moved from the Nationwide[®] fixed contract.