REQUEST FOR IN-SERVICE WITHDRAWAL

You may withdraw amounts from your account while you are still working for your Employer/Plan Sponsor if you have either attained age 59-1/2 or attained the Plan's normal retirement age or have been a Participant for at least five (5) years (or in certain cases 2 or more years). Please complete all Parts below.

PART I – PARTICIPANT INFORMATION

Plan Name:		
Employer/Plan Sponsor Name:	**Division/Department:**	
Participant Name:	**Social Security No.:**	
Participant Address:	**Telephone No.: ( )**	
City:	**State:**	**Zip:**
Date of Birth:	**Date of Hire:**	
Participant Marital Status: Married ☐ Not Married ☐	**If you are married and your withdrawal request is over $5,000, you must obtain Spousal Consent for the withdrawal in Part III below.**	

PART II– PARTICIPANT ELECTION OF BENEFIT OPTION

Requested Amount: I hereby request the following amount to be withdrawn from my vested account balance in the Plan:

☐ Specified Amount (Minimum $500): **$** _____ **OR** ☐ Entire Amount of Account

[If the amount you request approximates the total value of your account available to you, the dollar amount paid to you will be based on the amount in your account at the time of processing and may, therefore, differ slightly from your requested amount.]

I also request the withdrawal of this amount to be processed as follows (Please check box A, B, or C below):

A. ☐ **Convert to Nationwide Insurance Company IRA Rollover Account**	**Nationwide IRA Account No.:**

B. ☐ **Direct Rollover to my IRA or Other Qualified Retirement Plan (please complete below):**

Name of Institution (IRA or Qualified Plan):			
Mailing Address:	**City:**	**State:**	**Zip:**
IRA Account (Required for IRA Rollovers): You must establish an IRA account with a financial institution prior to electing this benefit distribution option.	**IRA Account No.:**		

C. ☐ **Lump Sum Cash Payment:** I understand that 20% of my total cash distribution must be automatically withheld to pay Federal Taxes.

OPTIONAL: ☐ Please also withhold an additional amount for State Taxes at the rate percentage I indicate here**:** _____ **%**

PART III– PARTICIPANT WAIVER, AUTHORIZATION AND SPOUSAL CONSENT

I have received and read the enclosed "Special Tax Notice Regarding Plan Payments." I understand the income tax information on distributions from qualified plans as explained in the Notice and further understand that neither a rollover or cash payment can be made until the minimum waiting period of at least 30 days after receipt of this Notice has elapsed. If I do not wish to wait the 30 days for my distribution, I may make an affirmative election to waive the waiting period, whereby my withdrawal will be processed in accordance with my benefit option elections made in Part II above as soon as administratively feasible after it is received by the Employer/Plan Sponsor. ☐ **I hereby waive the 30-day Waiting Period.**

Participant/Beneficiary Signature: _____ **Date:** _____

I understand the options offered to me and that by my signature below, I hereby authorize the withdrawal of the vested value of my plan account in accordance with my election of the benefit options indicated in Part II above. I understand that these elections may be changed at any time by notifying the Employer/Plan Sponsor prior to the withdrawal (subject to spousal consent, if applicable).

Participant/Beneficiary Signature: _____ **Date:** _____

Spousal Consent (Required for Married Participants)

I hereby approve of, and consent to, my spouse's election for this In-Service Withdrawal. I understand that this election may have the effect of reducing any benefit I might receive as a beneficiary under the Plan.

Spouse's Signature: _____ **Date:** _____

Witnessed by Employer/Plan Sponsor Or Notary Public: _____ **Date:** _____

NOTE: You must return your completed In-Service Withdrawal Request Form to your Employer/Plan Sponsor for final authorization.

PART IV – EMPLOYER/PLAN SPONSOR INFORMATION AND AUTHORIZATION

The Employer/Plan Sponsor must complete the following before this distribution request can be processed.

Date the Employer/Plan Sponsor provided the "Special Tax Notice" to the Participant: / /

This request is approved: ☐ **Yes** ☐ **No**

Employer/Plan Sponsor Authorized Signature: _____ **Date:** _____

Note: This In-Service Withdrawal Request will not be processed unless it is completed fully and accurately, has been approved by the Employer/Plan Sponsor, and contains all the required signatures for authorization.

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