Nationwide®

Nationwide Retirement Solutions
Name • Address • Beneficiary Change Form

Personal Information

Name: _____

Date of Birth: _____ SSN or Account Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Email: _____

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

Type of Change (select all that apply)

☐ **Name Change** - attach proof of name change; e.g. - copy of your driver's license, Social Security card, or marriage certificate.

☐ **Address Change**

☐ **Beneficiary Change** - indicate for which Plan Types (IRS Codes) you wish to update your beneficiaries. Select all that apply.

Plan Types: ☐ All ☐ 457(b) ☐ 401(a) ☐ 401(k) ☐ 403(b)

NOTE: If no selection is made or an incorrect IRS code is selected, changes will be made for all applicable IRS codes.

Paperless Delivery Consent

Paperless Delivery: By providing your email address you are consenting to electronic (paperless) delivery of documents related to your retirement plan, e.g. - statements, confirmations, terms, agreements, etc. Check the box below if you would prefer to receive paper copies of the documents via U.S. Mail to the address provided above.

☐ **I do NOT consent to Paperless Delivery. Please provide the documents related to my retirement plan via U.S. Mail.**

Beneficiary Designation (if applicable)

This designation applies to all funding options (including life insurance) unless otherwise noted. For payout purposes, the Plan Administrator will establish sub-accounts and not separate accounts for beneficiaries, which in the case of multiple beneficiaries may require that required minimum distributions be based on the life expectancy of the oldest beneficiary.

IMPORTANT NOTES: 1) Allocations must total 100% for each category of beneficiary; and **2)** If you designate a single primary or contingent beneficiary and do not list a percentage, the allocation will be designated as 100%.

☐ **I have additional beneficiaries.** If you want to designate more than two of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

Primary Beneficiary(ies) (Allocations must total 100%):

1. **Full Name:** _____ Allocation: _____%
   Relationship: _____ SSN: _____ Date of Birth: _____
   Address: _____ Phone: _____
2. **Full Name:** _____ Allocation: _____%
   Relationship: _____ SSN: _____ Date of Birth: _____
   Address: _____ Phone: _____

Contingent Beneficiary(ies) (Allocations must total 100%):

1. **Full Name:** _____ Allocation: _____%
   Relationship: _____ SSN: _____ Date of Birth: _____
   Address: _____ Phone: _____
2. **Full Name:** _____ Allocation: _____%
   Relationship: _____ SSN: _____ Date of Birth: _____
   Address: _____ Phone: _____

Authorization

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Signature: _____ **Date:** _____

Example Beneficiary Designation Allocations

Indicate the full names of the beneficiaries, their Social Security numbers, date of birth, relationship to you, address, phone number, and split you'd like each one of them to receive. Please use the following designations as a guide when completing this form.

	Name	Allocation%	Relationship
1.	Primary: Joan Nation	100%	spouse
2.	Primary: Joan Nation	100%	spouse
	Contingent: Henry Nation	100%	son
3.	Primary: Joan Nation	100%	spouse
	Contingent: Henry Nation	50%	son
	Contingent: Betty Nation	50%	daughter
4.	Primary: Henry Nation	50%	son
	Primary: Betty Nation	50%	daughter
5.	Primary: Henry Nation	34%	son
	Primary: Betty Nation	33%	daughter
	Primary: John Nation	33%	son
6.	Primary: Sara Nation	60%	mother
	Primary: George Nation	40%	father
	Contingent: Jean Nation	100%	sister

7. Primary: My Estate

8. First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation dated January 1, 2002. (Attach a copy of the title and signature page of the Trust).

Generic beneficiary designations **will not** be accepted. Examples of generic designations include:

1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
2. My children.
3. Children of this marriage or any past marriage.
4. As designated in my will.

Form Return

By mail: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

By fax: 1-877-677-4329

By email: rpublic@nationwide.com