



Retirement Account Required Minimum Distribution Form

Please use a pen and print clearly in CAPITAL LETTERS.

For use with traditional IRAs, SIMPLE IRAs and 403(b) Accounts ONLY.

Account Holder Information

Account Holder Name (First, Middle, Last)

Street Address

City

State

ZIP

Daytime Phone Number

Date of Birth (mm/dd/yyyy)

Social Security Number

Fund and Account Information

Fund Name

Account Number

Amount (Dollars, shares or percentage)

Amount of Distribution

Required Distribution:
Calculate on the IRS Approved
method: _____

Please provide the following information if you would like us to calculate and distribute your Required Distribution.

Note: By checking this option, you authorize us to liquidate an amount based upon the information provided by you. This calculation is not warranted or guaranteed and your authorization is irrevocable. The amount distributed will not be reduced for any distributions received to date. We recommend that you review your elections and previous distributions with a qualified tax advisor.

Designated Beneficiary:

Relationship:

Date of Birth:

Systematic Withdrawal Plan:

Specify Distribution Start Date (mm/dd/yyyy): _____

Specify Frequency of Subsequent Distributions (Check one) Monthly Quarterly Semiannually Annually

Specify Date for Subsequent Monthly Distributions (Check one) 5th 10th 15th 25th

If no date is specified, distributions will be made on the 15th of each month.

Conditions Applicable to Distributions

The Participant/Beneficiary hereby authorizes the distribution from the IRA and certifies that it is in accordance with the provisions of the IRA plan. I am solely responsible for determining the amount and the appropriate calculation method for my required minimum distribution ("RMD"). I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. If I am over 70½, I accept full responsibility for withdrawing from my IRA the minimum amount required. I indemnify the Custodian, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements.

The elections made on this document are irrevocable.

Acknowledgement and Account Holder Signature

I have read the **CONDITIONS APPLICABLE TO DISTRIBUTIONS** above. I hereby acknowledge receipt of the **NOTICE OF WITHHOLDING** below.

I do do not elect to have taxes withheld from my IRA distribution at _____% (not less than 10% [99% maximum]).

Distribution Method:

By check mailed to my address of record (Default Method).

Deposit to my non-retirement account.

Account Number: _____

Fund Name: _____

(Signature Guarantee may be required)

Wire **or** ACH:

Please attach wire or ACH instructions, if applicable. You must attach a voided check or savings deposit slip for wire/ACH deposits.

Account Holder Signature _____

Date _____

Medallion Signature Guarantee

Your signature must be guaranteed to assure that it is genuine and to protect you from unauthorized requests. **You may obtain a Medallion Signature Guarantee from a bank, brokerage firm or financial institution. Please note that a notary public cannot provide a Medallion Signature Guarantee.**

Medallion Signature Guarantee Stamp Primary Owner

Notice of Withholding

The distributions you receive from your IRA are subject to federal income tax withholding unless you elect not to have withholding apply. **If you do not check a box, taxes will be withheld at 10%.**

Withholding (Purpose of Form W-4P). The IRA Account Holder must elect whether or not to have money withheld for federal income tax purposes and on what basis. You may make this election on this substitute Form W-4P or you may attach an actual Form W-4P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10%. You may use this form to elect to have no income tax withheld (except for payments to U.S. citizens delivered outside the U.S. or its possessions), to have 10% withheld, or to have more than 10% withheld. Check the box reflecting your choice. Generally, your election will apply to any later distributions from the same IRA. You may, however, revoke your previous exemption from withholding. Simply complete a new W-4P with your Custodian/Trustee. Copies of Form W-4P will not be sent to the IRS by the payer.

Statement of Income Tax Withheld from Your IRA. By January 31 of next year, you will receive a statement from your payer showing the total amount of your IRA payments and the total income tax withheld during the year.

Exemption from Income Tax Withholding. The election to be exempt from income tax withholding does not apply to any periodic payment or nonperiodic distribution that is delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. Other recipients who have these payments delivered outside the U.S. or its possessions can elect exemption only if an individual certifies to the payer that the individual is not: (1) a U.S. citizen or resident alien, or (2) an individual to whom Section 877 of the Internal Revenue Code applies (concerning expatriation to avoid tax). The certification can be made in a statement to the payer under penalties of perjury.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Publication 505. It explains tax requirements and penalties in detail. You may be able to avoid quarterly estimated payments by having enough tax withheld from your IRA using Form W-4P.

For assistance in completing this form, call 1-800-848-0920. Send completed forms to:

Mail:

Nationwide Funds
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Services:

Nationwide Funds
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207