



Nationwide®

Required Minimum Distribution (RMD) Request Form

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

Skip the paperwork: Complete this form electronically at nationwide.com for quicker handling

Questions: For questions about this form call 800-848-6331 or consult with your tax advisor

1. Enter Contract Owner Information

First Name: _____ Last Name: _____ Contract Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

2. Enter Distribution Information

IMPORTANT: If you don't choose a distribution option, we'll default your RMD selection to the **One Time Current Year** option and base it on the Uniform Lifetime Table method. If you don't provide a start date, or the date has passed, we'll default to the current business day.

If you need the requested withdrawal processed and reported in the current tax year, make sure that you pick a withdrawal date that will allow for processing and reporting in the current tax year. Distributions scheduled to process between the last business day of the year and 12/31 of the year will not be tax reported in the current year.

Select ONE Scheduled RMD Option below

☐ **Recurring Option** (calculated by Nationwide) Enter start date and frequency below:

IMPORTANT: Electing this option will terminate any existing Scheduled Withdrawals, including RMDs.

Start Date (MM/DD/YYYY): _____

Select a withdrawal frequency (if left blank, we'll choose Annually):

☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

☐ **One Time Option** (new request form required annually) Enter withdrawal date and choose option below:

Withdrawal Date (MM/DD): _____

☐ One time current year only (calculated by Nationwide)

☐ Current year specific amount \$ _____

☐ Past year specific amount \$ _____ for RMD year: _____

RMD Spousal Beneficiary Election

☐ My spouse is my beneficiary and is 11 or more years younger than I am. I elect to calculate my RMD based on the Joint and Last Survivor Expectancy Table method. My spouse's date of birth is: _____ (MM/DD/YYYY)

Prior Year Account Balance

Required for Nationwide to calculate your RMD if you purchased or added to your annuity this year with funds from another provider. The 12/31 account balance with my previous provider was \$ _____

403(b) balance as of 12/31/1986 \$ _____ (if applicable)

3. Enter Tax Withholdings

Nationwide will withhold 10% federal tax and any required Resident State tax, unless designated differently below. Total federal and state tax withholding cannot exceed 100%. Please see Important Details and Disclosures on Page 5 for more information.

Federal Tax Withholding _____% or \$_____
(0% - 100%)

State Tax Withholding _____% or \$_____
(0% - 100%)

- To avoid mandatory state withholding, for those states that require it, you **MUST** provide a completed state tax form (located on the State's website). Nationwide doesn't provide these forms.

4. Select a Payment Method

☐ **Direct Deposit**

You are authorizing a one-time or recurring Automated Clearing House (ACH) credit (direct deposit) to the bank account provided on this form. Funds must be deposited to a U.S. Institution. See the Important Details and Disclosures beginning in Page 5.

Select an account type¹:

- ☐ **An Account on File** Verify account information below
- ☐ **New Checking Account²** Provide account information below
- ☐ **New Savings Account²** Provide account information below

☐ **Check here if this is a commercial bank account**

A commercial bank account is one that is owned by an entity (company, trust, etc.) rather than an individual person.

NOTE: If the bank account is owned by a company or trust, additional documentation is required.

Bank Account Holder Name (must be Contract Owner): _____

(For commercial accounts, please provide the name of the commercial bank account holder as well as the party authorized to sign for this account)

Financial Institution Name: _____

Transit/ABA Routing Number: _____ Account Number: _____

¹If there is no account on file, or you don't provide account information, we'll mail a check to the address on file.

²New account information will replace account information on file for this contract. This will affect any other existing scheduled withdrawals. Call 800-848-6331 to make other arrangements.

☐ **Mail Check to Address on File**

☐ **Send to my Custodial Account** (My contract has a custodial firm as owner; Nationwide will issue funds per agreement)

☐ **Send to a Company/Organization/Charity For Benefit of (FBO)** - Provide information below

Check payable to/Name: _____

Address: _____

City: _____ State: _____ Zip: _____

5. Sign and Date (required)

I have read the Important Details and Disclosures beginning on Page 5.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Contract Owner/Custodian:

Name (please print): _____ SSN/EIN (required) _____

Signature: _____ **Date:** _____

Spousal Consent (if applicable; see the Community Property Spousal Consent section on page 6 to determine applicability):
I have read and understand the community property disclosure found on this form. I agree that this disclosure applies to me and I consent to the distribution requested and waive any rights that I may have to such Annuity Contract under applicable community property laws.

Signature: _____ **Date:** _____

6. Certify Taxpayer ID

I certify that under penalties of perjury 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.
(FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

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Nationwide®

Required Minimum Distribution (RMD) Request Form Important Details and Disclosures

PLEASE RETAIN THIS PORTION OF THE FORM FOR YOUR RECORDS.

Submit to Nationwide



Upload Online: Log in to nationwide.com and select the “Forms” option to submit this request online.

Don't have an Online account? Follow these steps:

1) Visit nationwide.com 2) Click “Log in” 3) Click “Annuity” in the drop down 4) Click “Sign up”



Submit by regular mail:

Nationwide Life Insurance Company
PO Box 182021
Columbus, OH 43218-2021

Submit by overnight mail:

Nationwide Insurance
1 - LC - F4
One Nationwide Plaza
Columbus, OH 43215-2239



For More Information: Call 800-848-6331

General Information

- **Form Status:** If any information on this form is unclear or incomplete, we'll correspond directly with the contract owner.

Section 2: Distribution Information

- **First RMD:** If this is your first required RMD year, you can defer it to April 1 of the following year. But you must take two RMDs in that year. Both RMDs will be taxable in the year they are taken.
- **Start Date:** We'll process withdrawals received on a non-business day on the next business day; please allow additional time for processing and delivery.
- **Specific amount:** This is always the amount before withholding tax or other charges are deducted, if applicable.
- **Charges:** A Contingent Deferred Sales Charge/Surrender Charge may be deducted for withdrawals in excess of the contract free withdrawal amount.
- **RMD Spousal Beneficiary Election:** I understand if I elect this option and my spouse passes away, I must notify Nationwide immediately so they can recalculate my RMD based solely on my age. This will not change the beneficiary on the account.

Section 3: Tax Withholding

- **Tax liability:** You are liable for all federal and state income tax withholdings on the taxable portion of the withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your estimated tax withholding payments are not enough.
- **State tax:** If the state income tax requested is less than what is required by the state, Nationwide will attempt to accommodate any request in accordance with required state specific regulations.

Section 4: Direct Deposit (ACH)

- **Date of Deposit:** The deposit(s) to your checking or savings account will normally occur up to four (4) business days after the date of the withdrawal from the annuity contract.
- **Account Verification:** In processing your one-time or recurring ACH credit transaction, Nationwide uses consumer information to verify ownership of the receiving bank account to reduce the possibility of fraud. If there is an inconsistency in the information you have provided to us and the authorized bank account holder's information, or if you fail to provide adequate account information, a paper check will be mailed to the address of record.
- **For Commercial Bank Account Owners Only:** Each of Nationwide and the Commercial Bank Account Owner identified on this form agree to be bound by Nacha Operating Rules and acknowledges that the origination of ACH transactions to this account must comply with applicable U.S. Law.
 - **Corporate Account Ownership:** Where the owner of the account is a corporation, please provide a corporate resolution or a letter from the company or bank confirming the individual who is authorized to sign checks on behalf of the company. This authorized person must sign this form as the bank account owner.

- **Trust Ownership:** Where the owner of the account is a trust, please provide a Certification of Trust (Trust Certificate) that provides necessary information to validate the trust including but not limited to the legal Trust name and effective date, the Trustee(s) authorized to act on behalf of the Trust (generally and with respect to the trust account indicated on this form) including any successor Trustee(s), and the Trust's tax identification number.
- **Owner Authorization:** By signing this form, you authorize Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company to electronically credit (deposit) and/or correct by electronic debit (withdrawal) any refund or payment due to you to the bank account listed on this form as allowed by U.S. law. You also authorize your bank to credit or debit your account accordingly.
- **Joint Account Owners:** If this bank account is a joint account, authorization by one bank account owner constitutes authorization by all bank account owners - whether a current owner of this account or added after this authorization is signed.
- **Stopping Electronic Deposits:** Your authorization allows us to make one or more deposits (and/or corrections by electronic debit) to this account, unless you tell us you want to stop. To withdraw your authorization, you must notify us by calling 800-848-6331. Please provide notification to us at least 10 days in advance of when our authorization should end. Doing so allows us and your bank to take action. **NOTE TO Owner:** If you withdraw your authorization, Nationwide will cease making payments to your bank account. Your payments will continue, but instead of direct deposit, a check will be mailed to your address of record.

Community Spousal Property Consent

For Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin:

- **Community Property States:** If you live in one of the community property states listed above, your spouse may have rights to the benefits of this Contract under state law.
- **Tax Consultation:** If you are unsure of whether these laws apply to you, consult with your legal or tax advisor to determine whether a spousal signature is required on this form. Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company disclaim any responsibility for determining the applicability of community property laws or the validity of the requested distribution.
- **Spouse Definition:** Use of the term "spouse" on this form refers to the person to whom the owner is legally married.