



## Retirement Account Required Minimum Distribution Form

For Use with Traditional IRAs, SIMPLE IRAs and 403(b) Accounts ONLY.

Please use a pen and print clearly in CAPITAL LETTERS.

### Account Holder Information

First Name / Initial / Last Name

Address

Apt. #

City

State

ZIP

( )

Daytime Phone Number

Date of Birth (mm/dd/yy)

Social Security Number

### Fund and Account Information

Fund Name

Fund Account Number

Amount (Please note 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:

Month

Year

Specify Distribution Frequency: Check One:

Monthly

Quarterly

Semi-Annually

Annually

### Reason for Distribution

Retirement: I am age 59½ or older.



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").

The elections made on this document are irrevocable.

NOTE: A signature guarantee may be required for your distribution. A signature guarantee may be executed by a bank, broker-dealer, a credit union, a national securities exchange or a savings association.

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 Number: \_\_\_\_\_ (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.

IRA Account Holder / Beneficiary Signature \_\_\_\_\_ Date \_\_\_\_\_ Medallion Signature Guarantee (if applicable) \_\_\_\_\_

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-4-P or you may attach an actual Form W-4-P.

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.

For more information, please see Publication 505, Tax Withholding and Estimate 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.

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

Mail: Nationwide Funds, P.O. Box 182205, Columbus, OH 43218-2205. Overnight Services: Nationwide Funds, 3435 Stelzer Road, Suite 1000, Columbus, OH 43219.