



Nationwide Retirement Plans • 1-800-548-6436 • Fax: 1-877-NF401ks (1-877-634-0157)

Nationwide Retirement Plans, Private Sector 3400 Southpark Plaza, Suite A - DSPF-F6 Grove City, OH 43123-4856

1. Instructions

This form designates the beneficiary information of your retirement account at Nationwide Financial. Please provide complete and accurate information so your wishes are carried out as you intend. Provide the legal name, Social Security number, address, telephone number and date of birth for each beneficiary. This information will help us better service your account and ensure we have the right person or entity when it's time for us to pay out funds from your account. If there is insufficient space to provide the required information, please use additional copies of this form to indicate all beneficiaries. Please retain a copy for your records. For quicker processing, please print all information except signatures.

2. Plan Information

Plan Name: _____

Plan/Case Number: _____
(Plan/Case # will be in 123-45678 format)

3. Participant Information

Participant Name: _____ Social Security Number: _____

Street: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phone Number: _____

4. Primary Beneficiary Information

Primary Beneficiary

Beneficiary Name: _____ Social Security Number: _____

Address: Same Address as owner Street: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phone Number: _____

Percentage (must be a whole number): _____

Primary Beneficiary

Beneficiary Name: _____ Social Security Number: _____

Address: Same Address as owner Street: _____

City: _____

Date of Birth: _____ Phone Number: _____

Percentage (must be a whole number): _____

5. Contingent Beneficiary Information

(A Contingent Beneficiary will receive a death benefit only if **no** primary beneficiary is living at the death of a Participant.)

Contingent Beneficiary

Beneficiary Name: _____ Social Security Number: _____

Address: Same Address as owner Street: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phone Number: _____

Percentage (must be a whole number): _____

Contingent Beneficiary

Beneficiary Name: _____ Social Security Number: _____

Address: Same Address as owner Street: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phone Number: _____

Percentage (must be a whole number): _____

6. Spousal Consent Signatures

I, (spouse's name) _____, consent to the beneficiary designation as indicated above. I understand that this designation causes the benefits to be paid to the person(s) named above and not paid to me. I understand that this designation is not valid unless I consent to it in writing. I also understand that this decision is irrevocable unless my spouse (the participant), and I agree in writing to any subsequent designation(s).

Check here to certify that you are not married (Do not check if you are married)

Printed Spouse Name

Spouse Signature Date

Printed Witness Name (Plan Representative or Notary Public)* Date

Witness Signature Date

Per IRC (Internal Revenue Code) 417(2)(A)(iii), spousal consent needs to be witnessed by a plan representative or notary

7. Participant Signature

This beneficiary designation applies to all funding options unless otherwise noted above.

I, _____, as a Participant in the Plan do hereby revoke any previous beneficiary information, and specify the above named person(s) as beneficiary(ies).

Participant Signature Date