

State of Maryland Direct Rollover Request (For incoming assets only)

Please complete all sections of this form. *All information on this document must be completed and returned to Nationwide Retirement Solutions in order to be processed.* If you require assistance in completing this form or need additional information, please contact us at 1-877-628-2499.

Upon completion of this form, please return the signed document to: **Nationwide Retirement Solutions**
5900 Parkwood Drive, PW-04-10, Dublin, Ohio 43016

SECTION I: Participant Information

Name	Last	First	Middle	Social Security Number
Current Address	Number and Street		Apt./Suite	Home Phone Number (Include Area Code)
City	State	Zip Code	Work Phone Number (Include Area Code)	
State Agency:	Work Location:			E-mail Address:

SECTION II: Rollover/Transfer Funds From:

Plan Type:	<input type="checkbox"/> 457 plan	<input type="checkbox"/> 401(k) plan	<input type="checkbox"/> 403(b) plan	<input type="checkbox"/> 401(a) plan	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Other:
Amount to Rollover/Transfer:	<input type="checkbox"/> Total account balance <input type="checkbox"/> Partial dollar amount \$					
Carrier/Custodian Name						Account Number
Address	Number and Street					Contact Name
City	State	Zip Code	Telephone Number			

If you are transferring from an employer sponsored eligible retirement plan [401(k), 403(b), 401(a), or 457], please complete the information below:

- I have separated from service from my previous employer on _____ (date).

 Previous Employer's Signature

 Date

 Phone Number

SECTION III: Rollover/Transfer Funds To:

Plan Type:	<input type="checkbox"/> 457 plan	<input type="checkbox"/> 401(k) plan	<input type="checkbox"/> 403(b) plan
Make check payable to:	Nationwide Retirement Solutions, FBO (Participant Name, SS#)		
Mail check to:	Nationwide Retirement Solutions, 5900 Parkwood Drive, PW-04-10., Dublin, Ohio 43016		

SECTION IV: Investment Direction

☐ Credit my rollover/transfer according to the current allocation on file -OR- ☐ Credit my rollover/transfer as listed below:

FUND ID	INVESTMENT OPTION	ASSET CLASS	PERCENT
(MGG01)	Investment Contract Pool	Fixed Income	%
(FEV02)	Federated U.S. Gov't Securities Fund: 2-5 years	Bond	%
(PMV06)	PIMCO Total Return Fund (Institutional Shares)	Bond	%
(FDV18)	Fidelity Puritan Fund	Balanced	%
(FLV01)	Scudder Flag Investors Value Builder Fund (Inst'l Class)	Balanced	%
(FDV19)	Fidelity Growth & Income Portfolio	Large Cap	%
(AFV24)	The Growth Fund of America (Class A)	Large Cap	%
(LMV01)	Legg Mason Value Trust Fund (Inst'l class)	Large Cap	%
(VGV10)	Vanguard Institutional Index Fund	Large Cap	%
(AFV07)	Washington Mutual Investors Fund	Large Cap	%
(IVV03)	INVESCO Dynamics	Mid Cap	%
(LAV01)	Lord Abbott Mid-Cap Value Fund (Class A)	Mid Cap	%
(DEV04)	Delaware Trend Fund (Inst'l class)	Small Cap	%
(TRV07)	T. Rowe Price Small Cap. Stock Fund	Small Cap	%
(AFV10)	EuroPacific Growth Fund	International	%
(TRV02)	T. Rowe Price International Stock Fund	International	%
()	Other _____		%
(MUST TOTAL 100%)			100 %

SECTION V: Authorization

Please be aware that due to Internal Revenue Service regulations, if you take a distribution prior to age 59 1/2 from your MSRP account there may be a 10% penalty imposed.

I acknowledge that I have received and read the fund prospectuses for the investment options I have elected above. I understand that my direct rollover will become subject to the terms and conditions of the plan.

I certify that I satisfy the requirements for making a tax-free rollover/transfer into an eligible retirement plan. Nationwide Retirement Solutions is entitled to rely fully on my certification. I expressly assume responsibility for tax consequences relating to this rollover/transfer, and I agree that Nationwide Retirement Solutions shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds to be invested as directed on this form.

Nationwide Retirement Solutions hereby agrees to accept the direct rollover/transfer described herein and upon receipt will deposit the proceeds within 5 business days in the account established on behalf of the individual's eligible employer.

 Participant Signature

 Date

 Registered Principal Signature

 Date