

# 457 Plan to Plan Rollover Form

Personal Information		
Name:	SS	N:
Street Address:		
City:	State:	ZIP:
Home Phone: Work Phone:		
Email:		
Employer & Plan Information		
Old Employer		
Name:	Pla	ın ID:
Street Address:		
City:	State:	ZIP:
Contact:	Phone:	
Are plan to plan transfers and/or rollovers permitted? $\ \square$ Yes. $\ \square$ No		
Authorization:	Date:	
New Employer		
Name:	Pla	ın ID:
Street Address:		
City:		
Contact:	Phone:	
Are plan to plan transfers and/or rollovers permitted? ☐ Yes. ☐ No		
Authorization:	Date:	
Check Information		
Plan Type: 457(b) Plan 401(a) Plan 401(k) Plan Make check payable to: Nationwide Retirement Solutions FBO (Participant Name, SSN)	Mail check to	: Nationwide Retirement Solutions P.O. Box 183150 Columbus, OH 43218
Amount to Rollover/Transfer:  Partial dollar amount \$	_	
Investment Instructions		
INVEST MY TRANSFER TO MY NEW EMPLOYER AS FOLLOWS:  Use the same allocations as my ongoing deferrals under my new em Invest in the same funds as accumulated under my old employer.	nployer; <b>or</b>	
In the event any trailing amounts are received after this transfer is procon this form. If you fail to indicate your allocation choice, your transpongoing deferrals under your new employer's plan. The transfer of your surrender and a reinvestment. Your proceeds will be reinvested within or	fer will be allo proceeds will o	ocated in the same manner as your occur as two separate transactions, a
457(b) to 457(b) Incoming Assets		
Some 457(b) Plan documents allow participants who leave one employ TRANSFER or ROLLOVER the assets from the first employer. The choi assets are available for distribution from your NRS account. The differ transfer, withdrawal of assets is permitted only when the account holde employment or age 70½ (or age 72 if born after June 30, 1949)). Follow any time pursuant to the account holder's request. <b>Please make your standard and participants</b>	ce of transfer ence between r meets a distr ing a Rollover,	or rollover will determine when the a transfer and rollover: Following a ibutable event. (e.g. severance from withdrawal of assets is permitted at
Authorization		
Name of Former Employer: I certi	ify that I have	separated service on:
Participant Signature:		
Enroller Signature:		Data

## **Important Information**

#### PARTICIPANT INFORMATION

Full Name: Must include first, last and middle names.
 Social Security Number: Must include any necessary suffixes.
 Address Information: Participant's current mailing address.

Phone Number: Include both business and home phone numbers to include area code.

## **EMPLOYER INFORMATION**

- The left side is to be completed with the old employer's information and verification that true plan to plan transfers are permitted.
- The right side is to be completed with the new employer's information and verification that true plan to plan transfers are permitted.
  - Note: For transfers within NACo/USCM, always check "Yes" for "Are plan to plan transfers and/or rollovers permitted?"
- The contact person should be the one with responsibilities relating to plan to plan transfer administration

### **CHECK INFORMATION**

- · Include the mailing address for the administrator responsible for receiving the plan transfer funds to the new plan
- Confirmation (Right Side): The plan administrator for the receiving plan will indicate the dollar amount received for transfer, the date received, and the date it was invested.

## **ALLOCATION INFORMATION**

· You must indicate how the transferred assets are to be invested.

#### 457(b) to 457(b) INCOMING ASSETS

· Indicate whether you would like to transfer or rollover any assets from a previous employer to your new employer

#### **AUTHORIZATION**

The participant and NRS Representative's signatures must both be present before processing.

#### RETURN COMPLETED FORMS TO THE ADDRESS BELOW:

Nationwide Retirement Solutions P.O. Box 183150 Columbus, OH 43218