

Savings Plus Program

457 Deferred Compensation Plan Voluntary In-Service Withdrawal Form

Please read the information and instructions on the reverse side before completing this form.

SECTION I—Participant Information

Last Name, First Name, MI	Social Security Number (SSN)
Street Address	Date of Birth (mm/dd/yyyy)
City, State, ZIP Code	Daytime Telephone Number ()

Privacy Statement: The Information Practices Act of 1977 (*Civil Code* Section 1798.17) and the federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of identification and account processing. You must furnish all the information requested on this form. Failure to provide the information may result in the action requested not being processed.

SECTION II—Eligibility Questions

- | Yes | No | |
|--------------------------|--------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is your account balance greater than \$5,000? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you contributed to your account in the previous 24 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you previously received a voluntary withdrawal distribution? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a legal hold on your account? |

If you answered “Yes” to any of the four questions above, you are **ineligible** to make a Voluntary In-Service Withdrawal.

SECTION III—Participant Certification

I request distribution of my 457 Deferred Compensation Plan account balance to be made in accordance with the Plan Document, *Internal Revenue Code*, and my election above. I understand that the State of California has the authority to approve or reject this request. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature

Date

Information

Your decisions regarding distributions from your 457 Deferred Compensation Plan (457 Plan) will have financial consequences as well as income tax implications. Therefore, you may wish to obtain the advice of a tax advisor before you request a payment of your benefits.

You may withdraw the balance of your 457 Plan. Your account balance must be \$5,000 or less; you must not have contributed to your account in the previous 24 months; and you must not have received prior distributions from your account under this provision. Withdrawals cannot be made from accounts that have legal holds placed on them.

Federal taxes will be withheld at a rate of 20%. State taxes will not be withheld unless you request otherwise by completing a California Withholding Certificate for Pension or Annuity Payments (DE-4P). Your payment will be issued within 45 days of receipt of a properly completed form. Your check will be mailed to your address as provided on this form. A 1099-R will be issued by January 31 of the following year for reporting purposes.

Instructions

SECTION I—Participant Information

Complete the information requested.

SECTION II—Eligibility Questions

Check yes or no in response to questions.

SECTION III—Participation Certification

Read carefully, sign, and date the form.

Mail the original form (do not fax) to:

Nationwide Retirement Solutions (PW-03-01)
P.O. Box 182797
Columbus, OH 43218-2797

Contact Information

Voice Response System: (866) 566-4777, 24 hours a day, 7 days a week

Customer Service: (866) 566-4777, 8:30 a.m.–4:00 p.m. (PT), Monday–Friday
To speak with a customer service representative, press *0.

Office: 8:00 a.m.– 5:00 p.m. (PT), Monday–Friday

TTY: (800) 848-0833

Web site: www.sppforu.com