



Coronavirus-Related Distribution (CRD) Repayment Incoming Assets Form

Phone: (855) 616-4776 • savingsplusnow.com

Processing will be completed within 3-5 business days of receipt of a properly completed and signed form.

1. Participant Information

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____

Phone Type: Home Work Cell

2. Rollover/Transfer Funds From

Notes regarding the Amount to Roll Over:

- Cannot exceed the gross amount of the original distribution (up to \$100,000)
- Cannot include any ROTH funds; These amounts would need to be repaid to a ROTH IRA

From a Savings Plus retirement plan

Plan Type (select one): 401(k) 457(b) PST (Part-time, Seasonal, and Temporary)

Amount to Roll Over: \$_____

From another eligible retirement plan

Please include a copy of any document which shows you received the CRD from the eligible retirement plan.

Carrier/Custodian Name: _____ Account Number: _____

Plan Type: 401(k) 457(b) 403(b) Traditional IRA Deemed IRA

Other: _____

Original Distribution Date (between January 1, 2020 and December 30, 2020): _____

Gross Amount of Distribution (including withheld taxes): \$_____

Amount to Roll Over: \$_____

3. Rollover/Transfer Funds To

401(k) 457(b) PST (Part-time, Seasonal, and Temporary)

4. Investment Direction for Rollover (select one)

Invest my rollover according to my current investment allocation on file.

Invest my rollover in the Target Date Fund corresponding with my Date of Birth.

NOTE: If you do not indicate your investment direction, Savings Plus will invest your rollover in the Target Date Fund corresponding with your Date of Birth. Fund Fact Sheets are located at savingsplusnow.com in the **Investment Information** section.

5. Signature

By signing this form, I certify that I meet at least one of the qualifications for a distribution as defined under the CARES Act Section 2202(a)(4)(A) summarized below:

1. I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or
2. My spouse or my dependent have been diagnosed with such virus or disease by such a test; or
3. I, my spouse, or a member of my household (someone who shares my principal residence) have experienced adverse financial consequences stemming from such virus or disease as a result of:
 - i. Being quarantined, furloughed or laid off, or having work hours reduced; or
 - ii. Being unable to work due to lack of child care; or
 - iii. The closing or reduction of hours of a business I/we own or operate; or
 - iv. Having pay (or self-employment income) reduced, having a job offer rescinded or start date for a job delayed.

By signing below, I certify my Rollover/Transfer is from a CRD and does not exceed the total amount taken for this type of request. I understand that my Rollover/Transfer will become subject to the terms and conditions of the plan. I certify that I satisfy the requirements for making this Rollover/Transfer and this represents an amount which is eligible for Rollover/Transfer. Savings Plus is entitled to rely fully on my certification. I expressly assume responsibility for the eligibility of this Rollover/Transfer and any tax consequences relating to this Rollover/Transfer and I agree Savings Plus will not be responsible for those tax consequences.

I hereby request my funds to be allocated and invested as directed on this form. I understand some investment options may impose a short term trading fee. Please read the underlying fund prospectuses carefully.

Savings Plus hereby agrees to accept the Rollover described herein and upon receipt will deposit the proceeds within five business days in your account.

These repayments must be made within 3 years of receipt of a CRD.

Participant Signature: _____ Date: _____

6. Contact Information

Voice Response System: (855) 616-4776, 24 hours a day, 7 days a week

Savings Plus Solutions Center: (855) 616-4776, 5 a.m. – 8 p.m. (PT), Monday–Friday
To speak with a Customer Service Representative, press *0

TTY: (800) 848-0833

Website: savingsplusnow.com

7. Submission Instructions

You may submit your completed application by mail or fax, or you may be able to submit via DocuSign.

Make Check Payable to: Nationwide, FBO (Participant Name, Acct# or SSN)

By Mail: Nationwide Retirement Solutions
PO Box 183150, Columbus, OH 43218-3150

By Fax: (877) 677-4329

By DocuSign: Contact the Savings Plus Solutions Center