



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

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law on March 27, 2020. Section 2203 of the CARES Act waives Required Minimum Distributions (RMDs) due in or for calendar year 2020 for certain retirement plans including 401(k), 403(b), and 457(b) plans.

1. Participant Information

Name: _____ Account Number or SSN: _____
 Email: _____ Preferred Phone: _____
 Phone Type: Home Work Cell

2. Redeposit RMD To (select one)

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

NOTE: PST RMDs can only be redeposited into a PST account.

3. Temporary Changes to RMD Rules per the CARES Act

As a plan participant you may, but are not required to, receive an RMD due for 2020. This includes deferred RMDs for 2019. In some situations, Savings Plus may have ceased distributing your RMDs after the CARES Act was enacted. If you received your RMD(s) due in or for calendar year 2020, you may be eligible to roll the RMD(s) back to your retirement plan.

For all RMD rollovers:

- The rollover will be applied to your account as rollover source funds using your current investment allocation;
- You may roll over any amount up to the gross amount (including taxes) of the original distribution; and
- Any RMD you received from Savings Plus will still be reported on a Form 1099-R by January 31 of the following year regardless of this rollover.

4. RMD Return Options (select one)

- I am enclosing a personal check to roll over the RMD(s) I received this year from my plan account.
 I am enclosing a personal check to roll over the RMD(s) I received this year from my plan account to satisfy **both** my 2020 RMD and my deferred 2019 RMD.
 I am enclosing a personal check to roll over the RMD(s) I received this year from another eligible retirement plan.

5. Previous Plan and Plan Administrator Information

From a Savings Plus retirement plan

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

Amount to Roll Over (may not exceed the gross amount of the original distribution): \$ _____

NOTE: Funds will be redeposited into either your pre-tax or Roth money type based upon the original distribution.

From another eligible retirement plan

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

Carrier/Custodian Name: _____ Account Number: _____

Plan Type: 401(k) 457(b) Traditional IRA Deemed IRA
 401(k) Roth* 457(b) Roth* 403(b) Other: _____

Date of Distribution: _____

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

Amount to Roll Over (may not exceed the Gross Amount of Distribution above): \$ _____

*If Roth, please provide:

Roth Cost Basis (total contributions without earnings): \$ _____

First Year of Roth Contributions: _____

6. Signature

By returning this form, I acknowledge that I am electing to waive my entire RMD for the year 2020, per allowance in the CARES Act. I am providing payment back to Savings Plus for rollover eligible 2020 RMD amounts received, and requesting it to be redeposited into my plan account.

I understand that any payments Savings Plus receives for RMD amounts that are: (1) not eligible for redeposit; or (2) above the required minimum amount for RMD; or (3) received by Savings Plus after August 31, 2020 or 60 days after the date of the original RMD payment, whichever is later, are excluded from being deposited to my account and will be returned to me.

I request this amount be redeposited to my account in accordance with the terms stated above, and I elect to suspend any additional RMDs through December 31, 2020.

Participant Signature: _____ **Date:** _____

7. 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

8. 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 182797, Columbus, OH 43218-2797

By Fax: (877) 677-4329

By DocuSign: Contact the Savings Plus Solutions Center