



# Beneficiary Change Form

**Participant Information**  
(please print)

<i>Social Security Number</i>	<i>Employer Name</i>	<i>State</i>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Contact Phone Number</i>	<i>Email Address</i>	

**Beneficiary Designation**

Indicate the names of the beneficiaries, the split you'd like each one of them to receive, your relationship to the beneficiaries, their Social Security numbers and their dates of birth. *If you do not indicate the percentage, payments will be distributed equally.* This beneficiary designation applies to all funding options (including life insurance) unless otherwise noted. For payout purposes, the Plan Administrator will establish separate accounts for each beneficiary. *Split must be in whole percentages.*

<b>Beneficiary Type</b>	<b>Beneficiary Name</b>	<b>Split %</b>	<b>Relationship</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Attach a separate sheet if needed.  
Check box  if a separate sheet is attached.

**Authorization**

This designation supercedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. Any benefits payable at my death shall be paid in equal shares unless otherwise specified. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

<i>Participant Signature</i>	<i>Date</i>
<i>Witness Signature (NOTE: Witness cannot be a named beneficiary)</i>	<i>Date</i>
<i>Witness Name &amp; Address</i>	<i>Witness City, State, and Zip Code</i>

Mail completed form to: **Nationwide Retirement Solutions**  
P.O. Box 182797  
Columbus, Ohio 43218-2797