

Name/Address/Beneficiary Update Form

Participant Information (please print)	Social Security Number	Employer Name	State
	Last Name	First Name	Middle Initial
	Street Address		
	City	State	Zip Code
	Contact Phone Number	Email Address	Date of Birth

Change of Title	<input type="checkbox"/> Beneficiary Change <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <small>(proof of name change must be attached i.e. copy of driver's license or Social Security Card, or payroll stub.)</small>
------------------------	--

Beneficiary Designation Indicate the names of the beneficiaries, their Social Security numbers, the split you'd like each one of them to receive, their address, their dates of birth, and their telephone number. ***If the percentage is not indicated, the payments will be distributed equally in whole percentages.*** This beneficiary designation applies to all funding options (including life insurance) unless otherwise noted. For payout purposes, the Plan Administrator will establish sub-accounts and not separate accounts for beneficiaries, which in the case of multiple beneficiaries may require that required minimum distributions be based on the life expectancy of the oldest beneficiary.

PLEASE NOTE: Beneficiaries listed below replace any prior designation. Percentage split must total 100% and must be in whole percentages.

If additional space for beneficiaries is required, please complete and attach additional sheets with all the required information below then mark this box:

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

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.

Participant Signature	Date
Witness Signature (NOTE: Witness cannot be a named beneficiary)	Date
Witness Name & Address	Witness City, State, and Zip Code

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

Model Beneficiary Designations

Please use the following designations as a guide when completing this form.

1. Joan Nation, spouse (Primary).
2. Joan Nation, spouse (Primary), Henry Nation, son (Contingent).
3. Joan Nation, spouse (Primary), Henry Nation and Betty Nation, children (Contingent).
4. Henry Nation and Betty Nation, children (Primary).
5. Henry Nation, John Nation, and Betty Nation, children (Primary).
6. Sara Nation, mother, and George Nation, father (Primary), Jean Nation, sister (Contingent).
7. Estate. (Requires certified copy of "Letters of Office" appointing an executor of the Estate).
8. First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation dated January 1, 2002. **(Attach a copy of the title and signature page of the Trust).**

Generic beneficiary designations will not be accepted. Examples of generic designations include:

1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
2. My children.
3. Children of this marriage or any past marriage.
4. As designated in my will.

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