



## Maryland Supplemental Retirement Plan Incoming Assets Form

### Important Information:

To expedite the Incoming Asset process, please check to see that you have provided us with the following items before your request is submitted:

- A completed Incoming Assets form
- A recent statement of account from your previous plan provider
- Distribution paperwork from your previous provider, completed and signed
- The appropriate signature requirements from your previous employer

After all of the above items are obtained, please mail the completed paper work to the following address:

**Nationwide Retirement Solutions  
11350 McCormick Road  
Executive Plaza 1, Suite 400  
Hunt Valley, MD 21031**

or fax to 443-886-9403





# Maryland Supplemental Retirement Plan

## Incoming Assets Form

**Before completing this form, please review the checklist on the front to insure that your rollover/transfer is processed in a timely manner.**

Please complete all sections of this form. All information on this document must be completed and returned to Nationwide Retirement Solutions in order to be processed. If you require assistance in completing this form or need additional information, please contact us at 1-800-966-6355.

Upon completion of this form, please return the signed document to: **Nationwide Retirement Solutions  
11350 McCormick Road, Executive Plaza 1  
Suite 400  
Hunt Valley, MD 21031**

### Personal Information

Participant Name:	Participant SSN or Account #:
Mailing Address:	
City, State*, & Zip Code:	Home Phone Number:
State Agency/Work Location:	Work Phone Number:
Email Address:	
How would you like to be contacted if additional information is required? <input type="checkbox"/> Telephone <input type="checkbox"/> Email	

### Rollover/Transfer Funds From:

Plan Type: <input type="checkbox"/> 457 plan <input type="checkbox"/> 403(b) plan <input type="checkbox"/> 401(k) plan <input type="checkbox"/> 401(a) plan <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Other: _____	
Money Source: <input type="checkbox"/> Salary Reduction (Pre-Tax) <input type="checkbox"/> Roth	
Amount to Rollover/Transfer: <input type="checkbox"/> Total account balance <input type="checkbox"/> Partial dollar amount: \$ _____	
Carrier/Custodian Name:	Account Number:
Mailing Address:	Contact Name:
City, State, & Zip Code:	Telephone Number:

### Incoming/Transfer Funds To:

Plan Type: <input type="checkbox"/> 457 plan <input type="checkbox"/> 401(k) plan <input type="checkbox"/> 403(b) plan	
Make check payable to: Nationwide Retirement Solutions, FBO (Participant Name, SSN)	
Mail check to: Nationwide Retirement Solutions 11350 McCormick Road Executive Plaza 1 - Suite 400 Hunt Valley, MD 21031	
NOTE: For Roth contributions provide the date of the first contribution and cost basis amount.	
Select New Plan Type: <input type="checkbox"/> 457(b) <input type="checkbox"/> IRA <input type="checkbox"/> Qualified Plan <input type="checkbox"/> Other	Amount or Percent of Rollover:

## Investment Direction

- Credit my rollover/transfer according to my current investment election for new contributions **OR**  
 Credit my rollover/transfer as listed below (Must total 100%)

<b>Fixed Income Option</b>		<b>International</b>	
_____ %	Investment Contract Pool (457(b) & 401(k) only)	_____ %	American Funds - EuroPacific Growth Fund (R6 Shares)
_____ %	Vanguard Federal Money Market Fund (403(b) only)	_____ %	Vanguard Total International Stock Index Fund (Institutional Shares)
<b>Bonds</b>		<b>T.Rowe Price Target Date Retirement Funds</b>	
_____ %	PIMCO Total Return Fund (Institutional Shares)	_____ %	T.Rowe Price Retirement 2005 Fund (designed for those born in 1942 or before)
_____ %	Vanguard Total Bond Market Index Fund (Institutional Shares)	_____ %	T.Rowe Price Retirement 2010 Fund (designed for those born between 1943-1947)
<b>Balanced</b>		_____ %	T.Rowe Price Retirement 2015 Fund (designed for those born between 1948-1952)
_____ %	Fidelity Puritan Fund	_____ %	T.Rowe Price Retirement 2020 Fund (designed for those born between 1953-1957)
_____ %	T.Rowe Price Retirement Balanced Fund	_____ %	T.Rowe Price Retirement 2025 Fund (designed for those born between 1958-1962)
<b>Large Cap</b>		_____ %	T.Rowe Price Retirement 2030 Fund (designed for those born between 1963-1967)
_____ %	American Century Equity Growth Fund (Institutional Shares)	_____ %	T.Rowe Price Retirement 2035 Fund (designed for those born between 1968-1972)
_____ %	American Funds - The Growth Fund of America (R6 Shares)	_____ %	T.Rowe Price Retirement 2040 Fund (designed for those born between 1973-1977)
_____ %	Goldman Sachs Large Cap Value Fund (Institutional Class)	_____ %	T.Rowe Price Retirement 2045 Fund (designed for those born between 1978-1982)
_____ %	Parnassus Equity Income Fund (Institutional Shares)	_____ %	T.Rowe Price Retirement 2050 Fund (designed for those born between 1983-1987)
_____ %	Vanguard Institutional Index Fund	_____ %	T.Rowe Price Retirement 2055 Fund (designed for those born between 1988-1992)
<b>Mid Cap</b>		_____ %	T.Rowe Price Retirement 2060 Fund (designed for those born in 1993 or after)
_____ %	Janus Enterprise Fund (N Shares)		
_____ %	T. Rowe Price Mid Cap Value Fund		
_____ %	Vanguard Mid Cap Index Fund (Institutional Plus Shares)		
<b>Small Cap</b>			
_____ %	T. Rowe Price Institutional Small Cap. Stock Fund		
_____ %	Vanguard Small-Cap Index Fund		

## Authorization

Please be aware that due to Internal Revenue Service regulations, if you take a distribution prior to age 59 1/2 from your MSRP account there may be a 10% penalty imposed. I acknowledge that I have received and read the fund prospectuses for the investment options I have elected above. I understand that my direct rollover will become subject to the terms and conditions of the plan. I certify that I satisfy the requirements for making a tax-free rollover/transfer into an eligible retirement plan. Nationwide Retirement Solutions is entitled to rely fully on my certification. I expressly assume responsibility for tax consequences relating to this rollover/transfer, and I agree that Nationwide Retirement Solutions shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds to be invested as directed on this form.

I understand that failure to complete this form accurately will result in processing delays. Some mutual funds may impose a short-term trading fee. Please read the underlying prospectus carefully.

Participant Name (print):	
Participant Signature (required):	Date (required):
Retirement Specialist Name (print):	Agent #:
Registered Principal Signature:	Date:
Notary/Medallion Signature: (May be required by surrendering institution)	Date:

## Form Return

MAIL TO: Nationwide Retirement Solutions  
 11350 McCormick Road  
 Executive Plaza 1 - Suite 400  
 Hunt Valley, MD 21031  
 For assistance with completing this form, please call 443-886-9402 or toll-free at 1-800-966-6355.  
 Fax number: 1-443-886-9403