



# Beneficiary Change 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	

**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 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. *Split must be in whole percentages.*

Beneficiary Type	Beneficiary Name	Split %	Relationship	Social Security Number	Date of Birth
<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.

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*

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*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.

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