

Name • Address • Beneficiary Change Form

Personal Information						
Name:	lame: SSN or A		Account Number:			
Date of Birth:		Email Address:				
Address:		City, State, & ZIP:				
Home Phone Number:			Work Phone Number:			
Type of Request & Paperless Delivery	Option					
Beneficiary Change						
Paperless Delivery: By providing your email a agreements and other information provided in a have statements, account documents and other Mail to the mailing address of record by checking electronically.	connection wit documents se ng the box belo	h your reti nt in conne w, these d	rement plan electror ection with your retir ocuments will be ma	nically. Unless you choose to rement plan delivered via US		
Beneficiary Designation						
This beneficiary designation applies to all fund purposes, the Plan Administrator will establish so of multiple beneficiaries may require that requibeneficiary.	ub-accounts an	nd not sepa	arate accounts for be	neficiaries, which in the case		
PLEASE NOTE: Percentage split must total 1009			_	_		
If additional space for beneficiaries is required,	attach additio	nal sheets	and mark this box:			
Primary Beneficiary(ies) (must total 100%):	B.1.: 1.		0 110 11 11	D) "		
Name:	Relationship:		Social Security #:	Phone #:		
Address:			Date of Birth:	% Split:		
Name:	Relationship:		Social Security #:	Phone #:		
Address:			Date of Birth:	% Split:		
Contingent Beneficiary(ies) (must total 100%):						
Name:	Relationship:		Social Security #:	Phone #:		
Address:			Date of Birth:	% Split:		
Name:	Relationship:		Social Security #:	Phone #:		
Address:			Date of Birth:	% Split:		
Authorization						
This designation supersedes any prior beneficiently plan as listed below prior to my death. My death my Primary Beneficiaries predecease me, ther Contingent Beneficiaries will only receive benefifile, benefits will be paid pursuant to the sequer	eath benefits v n my death be ts if no Primary	vill be paid nefit will k Beneficial	d first to my Primar be paid to the rema ry survives me. If no l	y Beneficiaries. If some of ining Primary Beneficiaries.		
Participant Signature:				Date:		

Model Beneficiary Designations

Indicate the full names of the beneficiaries, their Social Security numbers, date of birth, relationship to you, address, phone number, and split you'd like each one of them to receive. Please use the following designations as a guide when completing this form.

Name	Split%	Relationship	SSN	Date Of Birth
1. Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
2.Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
Contingent: Henry Nation	100%	son	987-65-4321	06/26/1984
3.Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
Contingent: Henry Nation	50%	son	987-65-4321	06/26/1984
Contingent: Betty Nation	50%	daughter	305-24-9731	02/12/1980
4.Primary: Henry Nation	50%	son	987-65-4321	06/26/1984
Primary: Betty Nation	50%	daughter	305-24-9731	02/12/1980
5.Primary: Henry Nation	34%	son	987-65-4321	06/26/1984
Primary: Betty Nation	33%	daughter	305-24-9731	02/12/1980
Primary: John Nation	33%	son	876-91-3416	09/31/1986
6.Primary: Sara Nation	60%	mother	811-61-1781	10/14/1950
Primary: George Nation	40%	father	916-18-1781	12/30/1945
Contingent: Jean Nation	100%	sister	913-19-3319	03/29/1971

^{7.} Primary: My Estate

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.

Form Return

By mail: Nationwide Retirement Solutions

PO Box 182797

Columbus, OH 43218-2797

By fax: 877-677-4329

^{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).