



**Arizona State Retirement System
Supplemental Retirement Savings Plan
Direct Rollover/Transfer Request
For incoming Assets**



Please complete all sections of this form and return to Nationwide Retirement Solutions (NRS) for processing. If you require additional assistance in completing this form or need additional information, please call Nationwide Retirement Solutions at 1-602-266-2733 or 1-888-292-1401.

Upon completion of this form, please return the signed document to:

**Nationwide Retirement Solutions
4747 N. 7th St., Ste. 418
Phoenix, AZ 85014**

SECTION I: Participant Information

Name	Last	First	Middle	Social Security Number
Current Address	Number and Street		Apt./Suite	Home Phone Number (Include Area Code)
City	State	Zip Code		Work Phone Number (Include Area Code)
Employer	Department/Agency			E-mail Address

SECTION II: Rollover/Transfer Funds From:

Plan Type: 401(a)/DROP Plan 401(k) Plan 403(b) Plan 457(b) Plan Traditional IRA 457 Spousal Benefit

Carrier/Custodian Name _____ **Account Number** _____

Address Number and Street _____ **Contact Name** _____

City _____ State _____ Zip Code _____ **Phone Number** (Include Area Code) _____

Approximate Account Balance: \$ _____

If you are transferring from an employer sponsored eligible retirement plan [401(k), 403(b), 401(a), or 457(b)], please complete the information below:

- I separated from service from my previous employer on _____ (date).

Previous Employer's Name _____ Date _____ Telephone Number (Include Area Code) _____

SECTION III: Rollover/Transfer Funds To:

Plan Type: 401(a) Plan

Make check payable to: Nationwide Retirement Solutions
FBO (Participant Name, SS#)

Mail check to: Nationwide Retirement Solutions
4747 N. 7th St., Ste 418
Phoenix, AZ 85014

Amount to Rollover/Transfer:

Partial dollar amount \$ _____

Total account balance

SECTION IV: Investment Direction to Nationwide Retirement Solutions:

<input type="checkbox"/> Credit my rollover/transfer according to the current allocation on file OR <input type="checkbox"/> Credit my rollover/transfer as listed to the right:	INVESTMENT OPTION(S)	PERCENT
		%
		%
		%
		%
		%
	MUST TOTAL	100

SECTION V: Authorization:

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 Supplemental Retirement Savings Plan (SRSP).

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 NRS shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds be invested as directed on this form.

Nationwide Retirement Solutions hereby agrees to accept the direct roll-over/transfer described herein and upon receipt will deposit the proceeds within 5 business days in the account established on your behalf by your eligible employer.

Participant Signature _____

Date _____