



GEMBA Supplemental Retirement Plan Nationwide Variable Annuity - Withdrawal Form

Solutions today for a secure financial tomorrow.

Please return this form to: GEBA, 6760 Alexander Bell Drive, Suite 100, Columbia, MD 21046.
Call us with questions at (301) 688-7912 or (800) 826-1126.

Member Information:

Name: _____ SSN: _____ Member #: _____
(if unknown, leave blank)
Address: _____ DOB: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Work Phone (black number): _____
How did you hear about the plan? _____ Email Address: _____

Membership Status: *If you are retiring/resigning and working as an Agency Contractor, please indicate.*

Agency Employee NSA/CSS Military Assignee Agency Retiree
 Agency Contractor: Contractor's name _____
 Spouse of employee/retiree/military: Spouse's name _____ SSN: _____

Reason for Withdrawal:

Retirement Disability Mandatory Distribution Excess Contributions

Account Type:

IRA Group Annuity

Type of Withdrawal:

Partial Withdrawal Total Withdrawal Total 1035 Exchange Trustee Transfer
\$ _____ ○ Total ○ Partial \$ _____

Payment Instructions:

Check is to be made payable to: Participant Trustee Beneficiary(ies) Other

1. Name: _____ SSN: _____ Percent: _____
Address: _____
City: _____ State: _____ ZIP: _____
2. Name: _____ SSN: _____ Percent: _____
Address: _____
City: _____ State: _____ ZIP: _____

Designation & Certification:

I designate the following as recipient for the portion of my eligible 1035 Exchange or IRA Trustee Transfer that I have elected to transfer:

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

* In addition to this form, participants transferring funds to another financial institution must submit completed Trustee Transfer or 1035 Exchange paperwork from the new institution.

Applicable Fees:

Withdrawals and Transfers from a Variable Account are subject to a \$20 processing fee unless being transferred to the GIC.

Election of Tax Withholding:

I elect a total or partial distribution and do not wish to have Federal Income Tax withheld from my withdrawal.

I elect a total or partial distribution and understand Federal Income Tax will be withheld to equal to 10% of the taxable portion of my withdrawal.

I elect a total or partial distribution and want Federal Income Tax withheld at ____% of the taxable portion of my withdrawal.

NOTE: Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Member Signature:

I hereby certify that I have read and understand the contents of this request for withdrawal form, including the information provided on applicable fees.

Participant Signature: _____ Date: _____

GEMBA Authorized Signature: _____ Date: _____