

From: E-FORMS, NRS
Sent: Tuesday, May 26, 2020 9:05 AM
To: marilynmosby@hotmail.com
Subject: Your Retirement Account
Attachments: Baltimore 457(b) Coronavirus-Related Distribution Request-Fillable NRF-0765MD-BT.pdf

Please do not respond to this message. This email address isn't monitored and any request you submit via email may not be processed.

Thank you for your recent request to the Nationwide service center. Please see the attached document(s) you requested.

What you need to do

If you requested a form, please follow the instructions to fill out the request. Return any completed forms by one of the following methods:

Fax	Standard Mail	Overnight Mail	Email
877-677-4329	Nationwide PO Box 182797 Columbus OH 43218-2797	Nationwide 3400 Southpark Place Suite A, DSPF-F2 Grove City OH 43123-4856	RPublic@Nationwide.com

NOTE: Please allow three to five business days for processing.

We're here to help

If you have any questions or need additional information, contact our service center at 877-677-3678. Our specialists are available Monday through Friday, 8 a.m. to 11 p.m. and Saturday, 9 a.m. to 6 p.m. Eastern time. You can also visit our online service center at nrsforu.com.

Retirement Specialists are Registered Representatives of Nationwide Investment Svcs. Corporation, Member FINRA. Nationwide Mutual Insurance Company and Affiliated Companies, Home Office: Columbus, OH 43215-2220.

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DEFENDANT'S EXHIBIT NO. 13
CASE NO. LKG-22-CR-0007
(U.S. v. Marilyn J. Mosby)
IDENTIFICATION: _____
ADMITTED: _____



City of Baltimore Retirement Savings and Deferred Compensation Plans 457(b) Coronavirus-Related Distribution Request

This form is to be used for a distribution made available under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Available for participants only.

Participant Information

Name: _____

Date of Birth: _____ SSN or Account Number: _____

Street Address: _____

City: _____ State¹: _____ ZIP: _____

Phone²: _____ Email: _____

How would you like to be contacted if additional information is required? Phone Email

¹NRS will use the State provided in your mailing address as your State of residency for tax purposes.

² Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

Payment Amount

Total Account Balance OR Other Amount: \$ _____

NOTE: An amount must be provided and cannot exceed the lesser of 100% of the vested balance or \$100,000 total across all plans maintained by the Employer.

Distribution Direction (select one)

If an option is not selected, your assets will be distributed from all money sources and investment funds (pro-rata). If you indicate a percentage, you must use whole percents only.

1. Proportionately from all sources and funds (pro-rata)

2. From Specific Sources (indicate all that apply)

_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %

3. From Specific Funds (please list funds)

_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %

Important Information

Money Sources

Funds will be withdrawn equally across all money sources and investment options for each requested distribution unless instructed otherwise.

Self-Directed Brokerage Account

If you have money in the Self-Directed Brokerage Account and the requested amount exceeds your core account balance, you will need to transfer funds back to the core account before your request can be processed.

Payment Method (select one)

- ACH Instructions on File** – Send funds to my bank account that Nationwide has on file.
- Send check by first class mail to my address of record.** Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected)
- New Direct Deposit ACH** (complete information below)

Financial Institution Information:

Financial Institution Name _____

Account Type: Checking Savings

If account type is not selected, checking will be used.

Transit/ABA routing Number _____

Account Number _____

John Doe
123 Main Street Ph. (916) 555-1212
Hometown, CA 98765

Date: _____ 1492

PAY TO THE ORDER OF: _____ \$ _____

Money Bank, Inc.
321 Main Street
Hometown, CA 98765

MEMO: _____

⑆ 123456789 ⑆ 000012345678 ⑆ 1492

9-digit ABA routing number Checking Account Number Check Number

Account Verification: The following documents are required to verify ownership of the account provided:

- **Checking Accounts:** Please include a pre-printed voided check with this authorization.
- **Savings Accounts:** Please include a letter from the bank, signed by a bank representative, which indicates the ABA routing number, the account number and the account holder's name for verification.

NOTE: Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip or starter check for banking numbers.

Is this account associated with a brokerage firm or other investment firm? Yes No

If yes, have you confirmed that the ABA and account numbers are correct? Yes No

I hereby authorize Nationwide to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Nationwide to make a corrective reversal from this account. Further, I agree not to hold Nationwide responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Nationwide receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Nationwide. **In the event this direct deposit authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.**

Income Tax Withholding

Federal Income Tax Withholding: A 10% income tax will be withheld unless you elect otherwise below.

No Withholding Other Withholding Amount: _____%

State Income Tax Withholding: State taxes will be automatically withheld if you are a resident in a State that mandates State income tax withholding. If you would like to adjust your State taxes, please complete and attach a State tax withholding form. These forms can be obtained from the State website; Nationwide does not supply these forms.

Tax ID Certification

I certify that under penalties of perjury that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Participant Coronavirus Certification and Distribution Authorization

The Coronavirus Aid, Relief and Economic Security Act of 2020 ("CARES Act") was signed into law on March 27, 2020. The CARES Act permits qualifying members to receive a coronavirus-related distribution. I understand that I may receive a distribution of up to \$100,000 if I am a qualified individual. By making this request, I acknowledge that the amount of coronavirus-related distribution(s) which I may obtain from The City of Baltimore Deferred Compensation Plan is limited to the amount of \$100,000 and that I am not exceeding this limit. I further acknowledge that the City of Baltimore Deferred Compensation Plan is relying on my certifications in determining that I qualify for a coronavirus-related distribution and that I will not exceed the applicable limit.

By signing this form, I certify that I meet at least one of the qualifications for a distribution as defined under the CARES Act Section 2202(a)(4)(A) summarized below: (check one)

- I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention; or
- I have a spouse or dependents diagnosed with such virus or disease by such a test; or
- I have experienced adverse financial consequences stemming from such virus or disease as a result of:
- Being quarantined, furloughed or laid off
 - Having reduced work hours
 - Being unable to work due to lack of child care
 - The closing or reduction of hours of a business I own or operate

Additional Acknowledgments

I acknowledge that this distribution is subject to ordinary income taxes and any State or Federal income taxes withheld will be reported on a form 1099-R. As listed in the Income Tax Withholding section on page 2 of this form, I understand that 10% will be withheld for Federal Income Tax unless I elected otherwise. To the extent otherwise applicable, I understand that the CARES Act waives the 10% early withdrawal penalty for coronavirus-related distributions. The CARES Act also permits the Federal tax on the distribution to be apportioned over a three-year period. The City of Baltimore Deferred Compensation Plan has advised me to talk with my personal tax consultant about how this distribution will affect my individual taxes and what repayment rights I have under the CARES Act.

I consent to a distribution as elected above and affirm under the penalties for perjury the statements and acknowledgments made in this request. I understand that the terms of the plan document will control the amount and timing of any payment from the plan.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature (required): _____ Date: _____

NOTE: Adobe Signature is not permitted.

NOTE: The full text of the CARES Act can be found at <https://www.congress.gov/bill/116th-congress/house-bill/748/text>

Form Return

By mail: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

By email: rpublic@nationwide.com

By fax: 877-677-4329