

# Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

Completed forms should be faxed to 1-800-597-8206



## 1 Participant Information

Employee # 006467

(56) 318-2506  
Work Phone Number

## Of Unforeseeable En

In the space provided below, indicate the nature of the unforeseeable emergency for which you are requesting a withdrawal. You must attach any documents which you feel would help prove that you have a review process, the Plan Committee may require additional proof of your financial hardship.

- Severe financial hardship to the participant resulting from a sudden and unexpected illness or accident of the participant or beneficiary, the participant or beneficiary's spouse, or the participant or beneficiary's dependent.
- Loss of the participant's or beneficiary's property because of casualty or other extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or beneficiary.

## 3 Hardship Amount

Amount \$ All

## 4 Delivery Method

\*Financial Institution information must be completed for wire or ACH deposit.

- US Mail (default method)
- Overnight delivery - No P.O. Boxes. An additional \$20.00 fee will be deducted from your Nationwide account per occurrence
- ACH\* (similar to direct deposit)
- Wire\* - An additional \$20.00 fee will be deducted from your Nationwide account per occurrence.

Checking  Savings  
Account Type

Your Financial Institution

Financial Institution Address

Name on Account

Routing Number

Account Number

## 5 Spousal Consent

I, the spouse of the above named employee, acknowledge and consent to the above distribution. I understand that in consenting to this distribution I will be waiving rights to other distribution benefits that I would be normally entitled to receive at a later date.

9/16/2019

Date

Unforeseeable emergency withdrawal. I certify that I do not have any other source of assets which can be liquidated to meet to the immediate distribution of the withdrawal to me in a single sum cash payment. I declare under penalty of perjury under that I have supplied on this application for the hardship withdrawal is true and complete in all respects.

9/16/2019

Date

Employer Signature

Please, verify the participant's date of hire and sign off below

Participant's Date of Hire

Employer Signature (Optional)

Date

Form - 457-305 (03/2017)