

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



Employee # 052891

1 Participant Information

56-292-7000 ext.
Work Phone Number

Of Unforese

indicated below, indicate the nature of the unforeseeable emergency. You must attach any documents which you feel would help prove that you have a financial hardship. As part of the 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 \$ 100% (all)

4 Delivery Method

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

US Mail (default method)

ACH* (similar to direct deposit)

Overnight delivery - No P.O. Boxes. An additional \$20.00 fee will be deducted from your account per occurrence.

Wire* - An additional \$20.00 fee will be deducted from your Nationwide account per occurrence.

111322994
Routing Number

I have read and understand the above distribution. I understand that I am entitled to receive at a later date.

rights to

Spouse's Signature

Date

6 Employee Acknowledgment

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

Emp.

Date

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Verify the participant's date of hire and sign off below

Participant's Date of Hire

Employ

Date

Form - 457-305 (03/2017)