

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



1 Participant Information

ID# 102954

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In the space provided below, indicate the nature of the unforeseeable emergency for which you are requesting a withdrawal from the Plan. You may attach additional pages if more space is needed. 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.

Unexpected medical illness / bills

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

PLAINS CAPITAL BANK

Your Financial Institution
100 WEST CANO STREET
Financial Institution Address
nora gonzalez 114921415
Name on Account Routing Number

Savings

5 Spousal Consent

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

distribution I will be waiving rights to

Spouse's Signature

Date

6 Employee Approval

I have read and understand this application for unforeseeable emergency withdrawal. I certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above. I consent to 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 state of California that the information I have supplied on this application for the hardship withdrawal is true and complete in all respects.

[Signature]

09/23/2019

Employee Signature (Required)

Date

9 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)