

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



Employee # 72958

1 Participant Information

Participant
 Beneficiary
 Financial Hardship

Participant Name: Francis Lewis Rawson
 Birth Date: 11/10/61
 Address: 11111
 City: 11111
 State: 11111
 Zip: 11111
 Social Security Number: 111-111111
 Plan Number: 11111111
 Account Number: 11111111
 Single

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.
Severe Financial hardship due to Health
Expensive - At MID Anderson due to Cancer
- 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 %

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.

Checking Savings
Account Type

Your Financial Institution Name: Bk of America
 Address: 11111
 City: 11111
 State: 11111
 Zip: 11111
 Account Number: 11111111
 Routing Number: 11111111

5

I, the undersigned, am the participant or beneficiary named in this application and that I am entitled to the distribution of the withdrawal to me in a single sum cash payment. I agree to the distribution of the withdrawal to me in a single sum cash payment.

Candra Truman
Spouse's Signature

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.

Francis Lewis Rawson
Employee Signature (Required)

12/3/19
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)