Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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

nbs national benefit services

1 Participant Information

[redacted]

ee #020184

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67

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You may attach

hip. As part of the

, the participant or

cas

s a result of events

3 Hardship Amount

Amount $ 100 %

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 occ

☒ ACH* (*similar to direct deposit*)

☐ Wire* - An additional $20.00 fee will be deducted from your Nationwide

NAVY ARMY CCU

Your Financial Institution

ng ☐ Savings

pe

Financial Institution Address

JULIAN ALDERETTE

Name on Account

21

mber

5 Spousal Consent

I, the spouse of the above named employee, acknowledge

this distribution I will be waiving rights to

other distribution benefits that I would be legally entitled t

Mary L. Alder

Spouse's Signature

1-16-2020

Date

6 Employee Approval

I have read and understand this application for unforeseea

assets which can be liquidated to meet

the financial hardship outlined above. I consent to the imp

I declare under penalty of perjury under

the laws of the state of California that the information sta

lete in all respects.

Employee Signature (Required)

Jan. 16, 2020

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)