

# Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



## 1 Participant Information

Employee # 079332

Participant Name: [Redacted] SSN: [Redacted]  
Participant Address: [Redacted] 58  
Participant Telephone: [Redacted]  
Participant Marital Status: [Redacted] Single  
Participant Financial Institution: [Redacted]

## 2 Emergency Withdrawal

In the event of an emergency, you may be able to withdraw funds from your account. An emergency withdrawal is a withdrawal for which you can provide evidence of a financial hardship. You must provide evidence of a financial hardship and unexpected expenses. You must also provide evidence of a financial hardship and unexpected expenses. You must also provide evidence of a financial hardship and unexpected expenses.

I am withdrawing funds for an emergency.

I am withdrawing funds for an emergency and unexpected expenses.

## 3 Amount

## 4 Delivery Method

Debit Card  
 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.

Your Financial Institution: \_\_\_\_\_  
Account Type:  Checking  Savings

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 distributions that I may be entitled to receive at a later date.

Spouse: [Redacted] Date: 1-16-2020

## 6 Employee Certification

I have provided the financial information necessary to complete this application for an unforeseeable emergency withdrawal. 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 state of Utah that the information I have supplied on this application for the hardship withdrawal is true and complete in all respects.

Employee: [Redacted] Date: 1-16-2020

## 9 Employer Signature

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

Participant's Date of Hire: \_\_\_\_\_

Employer Signature (Optional): \_\_\_\_\_ Date: \_\_\_\_\_