

# Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



## 1 Participant Information

Part	102	SSN	
IC	London	SSN	
Part			
Per	6-58	Phone Number	
Fin		Phone	

## 2

### Unforeseeable Emergency

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.

*I have attached copies of medical expenses due and owing.*

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% of Funds*

## 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

<i>Edin</i>		
<i>102</i>		
knowledge	and that	rights to
y entitled		

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.

*[Signature]*

Employee Signature (Required)

*02/24/2020*  
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)