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

Fi Sr.

EMPLOYEE # 032603

Parti ch, Tx 90520

Participant Email Address

Parti 956 3-18-2

Perso one Number

WAL

Finan umb

2 nforeseeab

In the space provided below, indicate the nature of the unforeseeab with additional pages if more space is needed. You must attach any docu ou h review p the Plan Committee may require additional proof of

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3 Hardship Amount

Amount $ 100 % $3000.00

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 occurrence

☑ ACH* (*similar to direct deposit*)

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

☑ Checking ☐ Savings

Account Type

You

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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.

Employee Signature (Required)

3-4-2020

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)

8523 S Redwood Rd, West Jordan, UT 84088 • (800) 274 0503 ext 5 • Fax (800) 597-8206 • www.NBSbenefits.com