

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



1 Participant Information

Participant Email Address: Narcia 14673@gmail.com EMPLOYEE # 102954
 State: TEXAS

Home Phone Number: 504.862.1141

Unforeseeable Event

In the space provided below, indicate the nature of the unforeseeable emergency. Attach additional pages if more space is needed. You must attach any documents. In 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.

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.

National State and County Public Health Emergency Disaster

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.

[Redacted area for financial institution information]

I understand _____ I am giving rights to _____

Spouse's Signature _____

Date 2-20-2020

6 Employee Approval

I have read the financial plan document and agree to the 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 oath that the information I have supplied on this application for the hardship withdrawal is true and complete in all respects.

Employee Signature _____

Date 2-20-2020

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_____ by the participant's date of hire and sign off below

Participant's Date of Hire _____

Employee Signature _____

Date _____

Form - 457-305 (03/2017)