

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



1 Participant Information

Partx
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 95
 Persc
 WAL
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EMPLOYEE # 070556
 COUN
 Single

In the space provided below, indicate the nature of the unforeseeable emergency for which you are requesting the withdrawal. You must attach any documents which you feel would help in the review process, the Plan Committee may require additional proof of your financial hardship.

Severe financial hardship, loss of employment, or other unforeseeable event affecting the participant or beneficiary's spouse, or dependent child.

Loss of the participant's or beneficiary's assets arising as a result of events beyond the control of the participant or beneficiary.

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.

Checking Savings
 Account Type

Your Financial Institution _____

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 distribution benefits that I would be legally entitled to receive at a later date.

Spouse's Signature _____ Date _____

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) Mq. Aurora Moreno Date 5-8-20

9 Employer Signature

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

Participant's Date of Hire _____
 Employer Signature (Optional) _____ Date _____