

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



1 Participant Information

Part 3
Part 9
Pers
WAL
Finar

A RD

887-61
Phone Number

EMPLOYEE # 128406

35

Phone Number

2 Unforeseeable Emergency

In the space provided below, indicate the nature of the unforeseeable emergency for which you are requesting a withdrawal. You must attach any documents which you feel would help prove that you are experiencing a financial hardship. If you need additional pages, you must attach them. Upon 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.

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*Financial Institution information must be completed for wire or ACH deposit.

Boxes. An additional \$20.00 fee will be charged per occurrence.

ACH* (similar to direct deposit)

Wire* - An additional \$20.00 fee will be charged per occurrence.

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IK

11900659
Routing Number

5 Spousal Consent

I, the spouse of the above named employee, acknowledge and consent to the above distribution. I understand that by 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.

N/A

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 immediate distribution of the withdrawal to me in a single sum cash payment. I declare under penalty of perjury under oath that the information supplied on this application for the hardship withdrawal is true and complete in all respects.

Employee Signature (Required)

Date

12/3/20

9 Employer Signature

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

Participant's Date of Hire

12/8/20

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

Note: I have other bills if you need more.

APPROVED BY
COMMISSIONER
ON: