

Palmhurst, Texas 78573

Employee # 020184

# Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

nbs national benefit services

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

## 1 Participant Information

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 Pa  ood  o Coe   
 Pe  956-3  48  7  
 H  Phone Number  4196   
 W  Phone Number  

## 2 Unforeseeable

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.
  - 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.
- See attached -

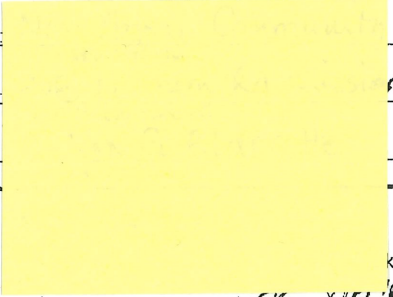
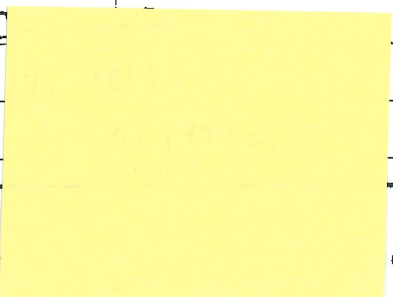
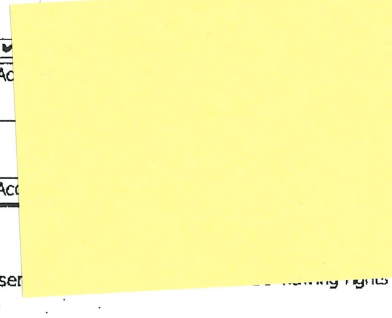

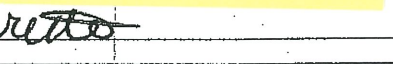
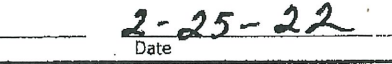

## 3 Hardship Amount

Amount \$ Maximum Amt 100%

## 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.

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Spouse's Signature Mary A Alderete Date 2-25-22

## 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) [Signature] Date 2/25/22

## 9 Employer Signature

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

Employer Signature (Optional) \_\_\_\_\_ Participant's Date of Hire 3/8/2022  
Date \_\_\_\_\_

cc 3/8/22