

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



1 Participant Information

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56.2
ork Phone
EMPLOYEE # 152692
Single

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 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 participant's or beneficiary's control.

3 Hardship

Amount \$:

Please deduct any taxes at this time

4 Delivery

The following information must be completed for wire or ACH deposit.

- US Mail (delivery to the participant or beneficiary)
 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

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 distributions that may be available to me at a later date.

Spouse Signature _____ Date 09/07/2022

6

I hereby certify that the above information is true and complete in all respects. I have no 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 09/07/2022

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)