

# Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



## 1 Participant Information

Participant: [Redacted] *thomas@co.hidalgo.*  
 Address: [Redacted] EMPLOYEE # *153206*  
 Participant: [Redacted]  
 Personal: [Redacted] *97*  
 Financial: WALTER [Redacted] *single*  
 Agency: [Redacted]

## 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 the emergency. 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.

## 3 Hardship Amount

Amount \$ 100 %

## 4 Delivery Method

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

- US Mail (default method)
- Overnight delivery

## 5 Spousal Consent

I, the spouse of the above named employee, acknowledge and consent to the 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) *Ducaud*

Date *8/1/2023*

## 9 Employer Signature

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

Participant's Date of Hire *01/29/2007*

Employer Signature (Optional) \_\_\_\_\_

Date \_\_\_\_\_

Form - 457-305 (03/2017)