

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



1 Participant Information

Participant's Social Security Number: [Redacted] 53
 Participant's Home Phone Number: [Redacted] 587/6027
 Participant's Work Phone Number: [Redacted]
 Unforeseeable Emergency: [Redacted]

103535

In the space provided below, indicate the nature of the unforeseeable emergency for which you are requesting a hardship withdrawal. Attach additional pages if more space is needed. You must attach any documents which you feel would help prove that you have a hardship. 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.
My father in law lives with me and my wife at our home. We are responsible for for all of his financially, medically and all necessary care. Has been diagnosed with dementia and alzheimer's. The home is not equipped to handle his outburst and the providers we have can no longer care for him safely. Based on the recommendation by his Physician he would need a 24hr care facility. We are awaiting these funds to admit at Briarcliff Nursing & Nursing Rehabilitation Center where he will be placed and we are responsible for his payments.
- 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 \$ 40,000.00

4 Delivery Method

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

ACH* (similar to direct deposit)
 Wire* - An additional \$20.00 fee will be assessed per occurrence.
 Wire* - An additional \$20.00 fee will be assessed per occurrence nationwide.
 Routing Number: 111000025

I, the spouse of the above named employee, acknowledge and consent to the above distribution. I understand that I will be waiving rights to other distributions and to receive at a later date.

Spouse: [Redacted] Date: 6/30/23

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I have read the above information and understand the nature of the 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 I have supplied on this application for the hardship withdrawal is true and complete in all respects.

Employee: [Redacted] Date: 6/30/23

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)