

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



1 Participant Information

EMPLOYEE # 068942

Participant Email Address

356-587-6016

Work Phone Number

Of Unforeseeable Em

In the space provided below, indicate the nature of the unforeseeable emergency. Use additional pages if more space is needed. You must attach any documents reviewed 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.

Following the Unforeseeable Emergency guideline, my 84-year-old father experienced a sudden health issue, severely impacting his health and requiring urgent assisted at-home living, leading to significant uninsured costs. Consequently, my spouse and I will cover these unexpected expenses to support his care and well-being.

- 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) ACH* (similar to direct deposit)
 Overnight delivery - No P.O. Boxes. An additional \$20.00 fee will be deducted from your Nationwide account per occurrence. Wire* - An additional \$20.00 fee will be deducted from your Nationwide account per occurrence.

Checking Savings
Account Type

114917623

Routing Number

I acknowledge and consent to the above distribution of the withdrawal to the beneficiary named herein, who is legally entitled to receive at a later date.

I acknowledge and consent to the above distribution of the withdrawal to the beneficiary named herein, who is legally entitled to receive at a later date. I will be waiving rights to

Spouse's Signature

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)

Date

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)

8523 S Redwood Rd, West Jordan, UT 84088 • (800) 274 0503 ext 5 • Fax (800) 597-8206 • www.NBSbenefits.com

APPROVED BY
COMMISSIONERS COURT
ON: _____