

Nationwide 457(b) Unforeseeable Emergency Withdrawal Application Form

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



1 Participant Information

Participant Name: [Redacted] S
 Participant ID: 956-8-2 [Redacted]
 Personal Photo: [Redacted]
 WALTER F. [Redacted]
 Financial Adv: [Redacted]
 EMPLOYEE #: 03 2603
 Number: [Redacted]

2 Nature of Unforeseeable Circumstances

In the space provided below, indicate the nature of the unforeseeable emergency circumstances that have caused you to request this withdrawal. You must attach any documentation supporting your claim. If you are currently in the review process, the Plan Committee may require additional proof of your financial hardship.

Severe financial hardship due to the loss of income of the participant or beneficiary, the participant or beneficiary is currently unemployed, or the participant or beneficiary is currently receiving unemployment benefits. *if is approximately quote.*

Loss of income due to unforeseeable circumstances arising as a result of events such as natural disasters, terrorist attacks, or other 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 - 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

[Redacted] 3
 [Redacted] 3
 [Redacted] 3
 Spouse's Signature: [Redacted]

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): [Redacted] Date: 6/6/24

9 Employer Signature

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

Employer Signature (Optional): _____ Participant's Date of Hire: _____
 Date: _____

Form - 457-305 (03/2017)