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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Financial Position Acknowledgment

THIS ACKNOWLEDGMENT IS REQUIRED TO BEGIN THE REVIEW PROCESS

I attest that the unforeseeable emergency has caused a severe and unforeseeable financial hardship to me, my spouse, dependent, or primary beneficiary that cannot be met through any other means, including the following:

1. The reasonable liquidation of funds in checking and/or savings accounts, provided the liquidation would not itself cause an immediate and heavy financial need,
2. The reasonable liquidation of funds in investment accounts, IRA's, and/or insurance policy cash values, provided the liquidation would not itself cause an immediate and heavy financial need,
3. The reasonable liquidation of nonessential assets (i.e. rental/vacation properties, RV's, boats, or other), provided the liquidation would not itself cause an immediate and heavy financial need,
4. The cancellation of elective deferrals under the 457 Deferred Compensation Plan,
5. Other currently available distributions or nontaxable loans from other plans maintained by my employer or any other employer,
6. Borrowing from commercial sources on reasonable commercial terms in an amount sufficient to satisfy the need.

I certify that all of the information provided in this application is true, complete and accurate.

Print Name: _____

Signature: _____ **Date:** _____

Distribution Amount

Distributions due to unforeseeable emergencies are only permitted in the amount necessary to satisfy the financial need after reimbursement by insurance or other sources. Please attach required documentation to support the requested amount. This distribution may be taxable.

Amount Requested \$ _____ **OR** ☐ Maximum Amount Allowed

Stopping your deferrals may help alleviate your financial need. If you would like to stop your deferrals please contact customer service at 1-877-677-3678.

Selecting to stop contributions will require the completion of a new participation agreement to restart your contributions to the deferred compensation plan.

Payment Method

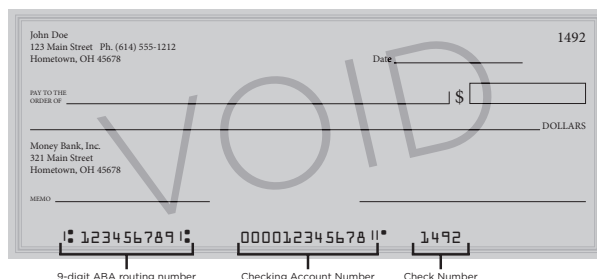
- ☐ Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected)
- ☐ Send check overnight at my expense to my address of record. I understand there is an additional \$25.00 fee that will be deducted from my account. P.O. Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2 to 4 business days from process date for delivery.
- ☐ ACH Instructions on File – Send funds to my bank account that NRS has on file.
- ☐ Direct Deposit by ACH: Check only one option: ☐ Checking Account ☐ Savings Account

Bank/Credit Union Name

Bank/Credit Union Phone Number

ABA (Routing) Number* (first nine digits only)

Account Number



Note: Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip for banking numbers. If ACH information is not completed correctly a check will be sent to your address on file.

Is this account associated with a brokerage firm or other investment firm? ☐ Yes ☐ No

If yes, have you confirmed that the ABA and account numbers are correct? ☐ Yes ☐ No

I hereby authorize NRS to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize NRS to make a withdrawal from this account. Further, I agree not to hold NRS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until NRS receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to NRS. In the event this direct deposit authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.

Tax Withholding

Federal Tax: Please select one option, if no option is selected, NRS will use a default rate of 10% federal tax withholding.

- ☐ Increases the distribution amount to accommodate federal tax withholding on the taxable portion on my distribution. I will receive the approved amount of my request (by check or direct deposit), and the total distribution amount will be increased to include federal tax withholdings. NRS will use a default withholding rate of 10%. If account balance is insufficient to accommodate federal taxes, 100% of the account balance will be processed and 10% federal taxes will be withheld. The remaining balance will be sent (by check or direct deposit) to the member.

- ☐ Do not withhold federal tax from my distribution. I will be liable for all federal taxes that may result from this distribution.

State Tax: State taxes will be automatically withheld if you are a resident in a state that mandates state income tax withholding. If you would like to adjust your state taxes, please complete and attach a state tax withholding form. These forms can be obtained from the State web site, NRS does not supply these forms.

Lifetime Payment Income Information

If you are invested in a fund that includes a lifetime income payment feature, withdrawals, including rollovers, taken prior to the income activation date could impact the guarantee and reduce your future lifetime income payments. Withdrawals and rollovers made after the income activation date that exceed the annual lifetime income payment amount will reduce your annual lifetime income payments in future years. Please visit your Plan's website for more information.

Note that the timing of required minimum distributions taken from in-plan guarantee investment options could adversely affect both your income base and your guaranteed income amount in certain situations. Please contact your plan representative for more details.

Certification

I certify that under penalties of perjury that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
(FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Authorization

I consent to a distribution as elected above. I understand that the terms of the Plan document will control the amount and timing of any payment from the plan. I further acknowledge that this distribution is not eligible for rollover to another retirement plan or IRA.

Print Name: _____

Signature: _____ Date: _____

Form Return (by one of the following method)

By mail: Nationwide Retirement Solutions
PO Box 182797
Columbus OH 43218-2797

By email: rpublic@nationwide.com
By fax: 877-677-4329

By express mail:
Nationwide Retirement Solutions
1 Nationwide Plaza
1-LC-F2
Columbus OH 43215-2239