



**Nationwide**<sup>®</sup>  
is on your side

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**Questions?**  
**Visit us online**

Call 877-NRS-FORU (877-677-3678)  
Go to [nrsforu.com](http://nrsforu.com) to learn about  
our products, services and more.

**Important  
information  
about our  
Unforeseeable  
Emergency  
Application**

**To apply**

Call us at 877-NRS-FORU (877-677-3678) for help completing your application; then fax your completed application and supporting documentation to 877-677-4329.

We understand you are experiencing certain difficulties and are considering a request for an Unforeseeable Emergency distribution to withdraw funds from your Deferred Compensation Plan account. The Internal Revenue Code and Treasury regulations govern the circumstances in which funds may be withdrawn. We've outlined these requirements below.

**Understanding if you qualify**

An Unforeseeable Emergency is a severe financial hardship to the participant or beneficiary that occurred within the last 12 months due to:

- An illness or accident of the participant or beneficiary; or spouse or dependent of the participant or beneficiary  
**NOTE:** A dependent is defined as an individual who receives 50% or more of their financial support from the participant or beneficiary, as reflected in tax reporting documents.
- Medical expenses not covered by insurance or other reimbursements
- Funeral expenses for a spouse or dependent
- Loss of the participant's or beneficiary's property due to casualty, such as damage caused by a hurricane or tornado
- Foreclosure or eviction from participant's or beneficiary's primary residence

**NOTE:** The determination of an unforeseeable emergency will depend on the facts and circumstances of each case. Regulations do not consider a planned or voluntary event to be an unforeseen emergency. Examples may include, but not limited to: purchasing a home or automobile, education expenses, normal monthly expenses like gas or groceries, elective surgery, taxes, legal fees/judgments, moving expenses or loss of income that is not the direct result of an illness or accident would likely not qualify.

Also, the regulations state you must exhaust all other means of relief first; then, if approved, we will reimburse the remaining amount. Means of relief may include:

- Insurance or other sources
- Liquidation of the participant's assets, to the extent such liquidation would not itself cause severe financial hardship
- Discontinuing contributions

**See reverse side for additional information**

### **Keep in mind**

If your situation is deemed an Unforeseeable Emergency, the amount of your withdrawal request cannot exceed the current value of your account.

Funds may only be withdrawn from pre-tax contributions (salary reduction) and post-tax contributions. If a portion of your account is funded by a rollover from a previous retirement plan, you may be eligible to withdraw those funds by contacting Nationwide Retirement Solutions (NRS) at 877-NRS-FORU (877-677-3678).

### **What you need to do**

To submit an Unforeseeable Emergency Application, please return all material by:

- Fax: 877-677-4329
- P.O. Box Address:  
Nationwide Retirement Solutions  
PO Box 182797  
Columbus OH 43218-2797
- Express Mail Address:  
Nationwide Retirement Solutions  
3400 Southpark PI Ste A, DSPF-F2  
Grove City OH 43123-4856

Please include:

- A completed and signed application
- Any supporting documentation listed on the Unforeseeable Emergency Checklist (see page 4 of Important Information document)

### **What to expect**

If your unforeseeable emergency request is approved, funds will be withdrawn from your account on a prorated basis across both pre-tax and post-tax money sources, if applicable. Earnings from post-tax contributions are only considered tax-free five years after the first post-tax contribution to the plan and when you reach age 59 ½. Some mutual funds may impose a short term trade fee. Please read your underlying prospectuses carefully. A decision is typically made within five business days of receiving all required documents.

**Important things to consider**

If you currently have life insurance coverage through the plan and choose to stop your contributions due to your Unforeseeable Emergency, your policy could lapse due to non-payment. This means your policy will be cancelled and you'll no longer have coverage. Please contact our office to discuss the options available to continue your life insurance coverage.

If you have money in the Self-directed Brokerage Option and the requested amount exceeds your core account balance, you'll need to transfer funds back to the core account before your request can be processed.

Nationwide does not provide tax or legal advice, and federal laws related to these types of accounts are complex and can change. Be sure to consult with your tax advisor or lawyer if you have questions.

**For help when you need it**

If you have any questions, please reference the Frequently Asked Questions document. If you have any additional questions or need more information, contact our service center at 877-NRS-FORU (877-677-3678) Monday through Friday from 8 a.m. to 11 p.m. Eastern time.

## UNFORESEEABLE EMERGENCY CHECKLIST

REASON	SUPPORTING DOCUMENTATION
<input type="checkbox"/> Illness or Accident: Medical Expenses <i>(Not covered by insurance or other reimbursements)</i>	<input type="checkbox"/> If you have health insurance: Explanation of Benefits statement from within the past 12 months from the insurance company indicating insurance coverage (or reasons for no coverage), patient responsibility and dates of service for all charges. <input type="checkbox"/> If you do not have health insurance: include a signed statement indicating that you do not have insurance and the specific dates of no coverage. <input type="checkbox"/> If you do not have insurance: Detailed bills indicating the medical provider's name & address, date of service, procedures performed and charges incurred within past 12 months. <input type="checkbox"/> If medical expenses are for a dependent, include a copy of the most recent Federal Income Tax Return (pages 1 & 2 only) for you, and if married, your spouse. State tax forms are not needed. <input type="checkbox"/> If the procedure could be considered cosmetic, a letter from a medical doctor/dentist indicating the reasons why the procedure is medically necessary. <input type="checkbox"/> Copy of the Pre-Determination of Benefits, dated or issued within last 60 days, from the insurance provider. A statement from provider showing that payment must be made before treatment will be rendered. <input type="checkbox"/> If you have a discounted Dental Plan that does not issue Dental Explanation of Benefits statements, please provide copies of the Schedule of Benefits that include the procedure code(s) that match the procedures on the dental pre-treatment estimate. <input type="checkbox"/> Detailed prescription drug history from your pharmacy or insurance company stating dates medications were filled, how much insurance covered, and the dollar amount you are responsible for paying.
<input type="checkbox"/> Illness or Accident: Loss of Income	<input type="checkbox"/> Letter from your spouse's, primary beneficiary's, or dependent's employer indicating dates of employment and the dates of work missed that there was reduced or no pay received. This must also indicate any sick/vacation pay, disability pay, worker's compensation benefits, or any other form of compensation received while out of work. <input type="checkbox"/> A Loss of Income Verification Form completed by your employer. <input type="checkbox"/> A copy of the most recent Federal Income Tax Return (pages 1 & 2 only) for you, and if married, your spouse. State tax forms are not needed. <input type="checkbox"/> A copy of the two most recent pay stubs for you, and if married, your spouse. <input type="checkbox"/> Documentation from the Worker's Compensation board or disability board regarding your, your spouse's, primary beneficiary's, or dependent's Worker's Compensation or disability benefits. The documentation must state the date the benefits began/will begin, the amount of the benefits, and the date benefits will/may end. <input type="checkbox"/> If your spouse, dependent, or primary beneficiary is self employed, letter from licensed physician indicating dates when the person was medically unable to work, and 1 year profit/loss statement and Schedule C tax filings.
<input type="checkbox"/> Property Loss Due To Casualty	<input type="checkbox"/> If you have insurance: a letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage. <input type="checkbox"/> If you do not have casualty insurance: include a signed statement indicating that you do not have insurance and the specific dates of no coverage. <input type="checkbox"/> Detailed repair estimate from a licensed contractor or licensed mechanic indicating the specific causes of the damage to your primary residence or primary vehicle. <input type="checkbox"/> Police report. <input type="checkbox"/> Letter from the other driver's insurance company stating why they are not covering the damages to your primary vehicle or the amount they will cover. <input type="checkbox"/> A statement from your automobile lender indicating the amount still owed after the insurance payoff was received.
<input type="checkbox"/> Funeral Expenses	<input type="checkbox"/> A copy of the death certificate. <input type="checkbox"/> Documentation of the relationship to the deceased. <input type="checkbox"/> Detailed invoice from a funeral home and or cemetery that itemizes costs of funeral/burial expenses in which you are personally responsible, along with the amount that the decedent's funeral insurance/burial insurance will cover. <input type="checkbox"/> If you are not listed as the responsible party on the bill, include a statement on or with the application indicating that you are responsible for the expenses. <input type="checkbox"/> Copies of receipts, booking information (air/hotel), and other travel expenses related to the funeral and or burial.
<input type="checkbox"/> Foreclosure / Eviction <i>(If requested more than once in a 12 month period, could be subject to additional review)</i>	<input type="checkbox"/> Address on file matches the address on the request. If not, pages 1-2 of the 1040 Federal Tax Return and Schedule E (rental property page) are required (you may black out information that is not necessary to verify the address). <input type="checkbox"/> Letter from the Mortgage Company or lender's attorney issued from within the past 30 days indicating a dollar amount needed to prevent imminent foreclosure, a clear future date due, and full address of property that is under threat of foreclosure. <input type="checkbox"/> Eviction: A letter from the Leasing Agency or a copy of the Court Order Eviction issued within the past 30 days stating the dollar amount needed to prevent the eviction from your primary residence with the property address that is under threat of eviction. <input type="checkbox"/> Copy of your current lease agreement. <input type="checkbox"/> If a bankruptcy has been filed, documentation showing the mortgage lender has been granted relief from automatic stay or court order stating dismissal of bankruptcy case.
<input type="checkbox"/> Extraordinary/Unforeseeable Circumstance	<input type="checkbox"/> Include copies of documents supporting your statement that the circumstances arose as a result of events beyond the control of you, your spouse, your dependent, or beneficiary.



## 457 Unforeseeable Emergency Distribution Frequently Asked Questions

### **How do I submit an application for an Unforeseeable Emergency (UE) Distribution?**

This application is designed to provide information about your financial emergency, and to determine if you have other appropriate financial sources that could relieve your financial hardship. Without this information the Plan can not consider your request. Please fill out the application and financial page completely. All applications remain active for 30 days from the date of receipt. Any additional unforeseeable emergency request beyond 30 days from the date of receipt requires a new application.

**FOR FASTER SERVICE**, please **FAX** the completed application and supporting documentation to: 1-877-677-4329. If you prefer, you can **MAIL** the completed application and supporting documentation to:

P.O. BOX ADDRESS:           NATIONWIDE RETIREMENT SOLUTIONS  
  P O BOX 182797  
  COLUMBUS OH 43218-2797

OR

EXPRESS MAIL ADDRESS:   NATIONWIDE RETIREMENT SOLUTIONS  
  3400 SOUTHPARK PL STE A, DSPF-F2  
  GROVE CITY OH 43123-4856

If you have any additional questions regarding the process or completion of this form, please call the contact center at 1-877- NRS-FORU (1-877-677-3678). The hours of operation are Monday-Friday 8am – 11pm ET.

### **Who may apply for an Unforeseeable Emergency (UE) Distribution?**

An actively employed participant may apply for a UE. Retired or terminated participants, beneficiaries, and alternate payees are not eligible for an unforeseeable emergency. Please refer to standard distribution. **(Participants over 70 ½ and still actively employed are eligible for standard distributions from the Plan, and are not eligible for unforeseeable emergency distributions.)**

### **What information and documents are required for the Unforeseeable Emergency (UE) application?**

In addition to documentation regarding the specific circumstances for which a UE is requested, participants applying for a UE are required to submit:

- A completed and signed application.
- Any supporting documentation, as listed under the Unforeseeable Emergency Checklist page (see page 4 of Important Information document).

### **Should I continue or stop my deferrals?**

You may choose to stop deferring into the Plan when applying for a UE distribution. You might want to take some time to recover from the related circumstances and to replenish your regular savings by temporarily stopping your deferrals. If you stop your deferrals, in order to begin deferring into your account again; you will need to submit a new participation agreement. To do so, please contact us at 1-877-677-3678.

### **How much can I withdraw?**

UE distributions must be limited to the amount reasonably necessary to satisfy the financial need, but may be increased for Federal income taxes on the distribution.

### **What is the process and how long does it take?**

Assuming your paper work is complete and accurate your application and supporting documentation will be processed within 5 business days. We make every effort to review your request as soon as possible.

### **Is the Unforeseeable Emergency Distribution a taxable event?**

Yes. Federal income tax will be withheld at the rate of 10% unless you elect to have no tax withheld or elect an additional amount of withholding on IRS Form W-4P. IRS Form 1099-R will be issued at the end of the year for tax reporting purposes and sent to you and the Internal Revenue Service. Where possible, the approved amount will be increased to include the amount for withholding, if account balance is insufficient to be grossed up to cover federal taxes, taxes will be withheld and the remaining amount will be sent to the participant. Please contact your tax advisor for any questions or concerns.



## 457 Unforeseeable Emergency Distribution Frequently Asked Questions

### **Is this distribution eligible for rollover to another eligible retirement plan or IRA?**

No.

### **What are the Federal regulations that cover UEs?**

1.457-6(c) describes the rules that apply to UEs

(c) Rules applicable to distributions for unforeseeable emergencies—(1) In general. An eligible plan may permit a distribution to a participant or beneficiary faced with an unforeseeable emergency. The distribution must satisfy the requirements of paragraph (c)(2) of this section.

(2) Requirements—(i) Unforeseeable emergency defined. An unforeseeable emergency must be defined in the plan as a severe financial hardship of the participant or beneficiary resulting from an illness or accident of the participant or beneficiary, the participant's or beneficiary's spouse, or the participant's or beneficiary's dependent (as defined in section 152(a)); loss of the participant's or beneficiary's property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g., as a result of a natural disaster); or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or the beneficiary. For example, the imminent foreclosure of or eviction from the participant's or beneficiary's primary residence may constitute an unforeseeable emergency. In addition, the need to pay for medical expenses, including non-refundable deductibles, as well as for the cost of prescription drug medication, may constitute an unforeseeable emergency. Finally, the need to pay for the funeral expenses of a spouse or a dependent (as defined in section 152(a)) may also constitute an unforeseeable emergency. Except as otherwise specifically provided in this paragraph (c)(2)(i), the purchase of a home and the payment of college tuition are not unforeseeable emergencies under this paragraph (c)(2)(i).

(ii) Unforeseeable emergency distribution standard. Whether a participant or beneficiary is faced with an unforeseeable emergency permitting a distribution under this paragraph (c) is to be determined based on the relevant facts and circumstances of each case, but, in any case, a distribution on account of unforeseeable emergency may not be made to the extent that such emergency is or may be relieved through reimbursement or compensation from insurance or otherwise, by liquidation of the participant's assets, to the extent the liquidation of such assets would not itself cause severe financial hardship, or by cessation of deferrals under the plan.

(iii) Distribution necessary to satisfy emergency need. Distributions because of an unforeseeable emergency must be limited to the amount reasonably necessary to satisfy the emergency need (which may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution).

### **What are the Plan requirements for UEs under the Nationwide Retirement Solutions (NRS) standard 457 plan?**

The NRS standard 457 plan document describes unforeseeable emergencies as follows:

(A) Unforeseeable Emergency. In the event of a Participant's unforeseeable emergency, the Administrative Services Provider may make a distribution to a Participant who has not incurred a Severance from Employment. An unforeseeable emergency is a severe financial hardship of a Participant or Beneficiary resulting from: (1) illness or accident of the Participant, the Participant's Beneficiary, or the Participant's spouse or dependent (as defined in Code § 152, and, for taxable years beginning on or after January 1, 2005, without regard to Code § 152(b)(1), (b)(2), and (d)(1)(B)); (2) loss of the Participant's or Beneficiary's property due to casualty; (3) the need to pay for the funeral expenses of the Participant's spouse or dependent (as defined in Code § 152, and, for taxable years beginning on or after January 1, 2005, without regard to Code § 152(b)(1), (b)(2), and (d)(1)(B)); or (4) other similar extraordinary and unforeseeable circumstances arising from events beyond the Participant's or Beneficiary's control. The Administrative Services Provider will not pay the Participant or the Beneficiary more than the amount reasonably necessary to satisfy the emergency need, which may include amounts necessary to pay taxes or penalties on the distribution. The Administrative Services Provider will not make payment to the extent the Participant or Beneficiary may relieve the financial hardship by cessation of deferrals under the Plan, through insurance or other reimbursement, or by liquidation of the individual's assets to the extent such liquidation would not cause severe financial hardship.

The Participant's Beneficiary is a person who a Participant designates as a "primary beneficiary" and who is or may become entitled to a Participant's Plan account upon the Participant's death. A Participant's unforeseeable emergency event includes a severe financial hardship of the participant's primary Beneficiary under the Plan, that would constitute an emergency event if it occurred with respect to the participant's spouse or dependent as defined under Code § 152.

### **How do I appeal an unfavorable decision?**

An unfavorable decision may be appealed within 30 calendar days within notification of denial by sending a written request and any additional supporting documentation that may be relevant for the appeal. You will be notified of the final outcome of the appeal. Once the appeal has been reviewed and a determination has been made that decision is final and will not be subject to further appeal.



## Financial Position Acknowledgement

THIS ACKNOWLEDGEMENT 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.

<b>Print Name:</b>	
<b>Signature:</b>	<b>Date:</b>

## 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

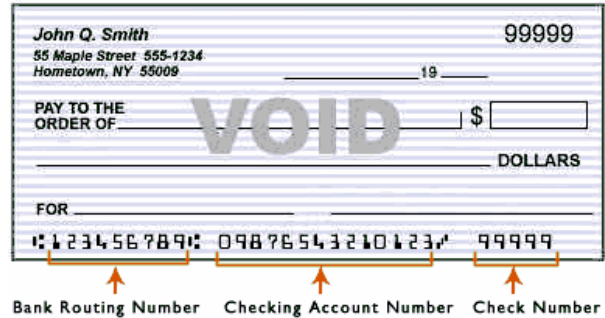
- Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected)
- Send check overnight at my expense to my address of record. I understand there is an additional \$25.00 fee that will be deducted from 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.

## Certification

Under penalties of perjury, I certify that:

1. The number shown 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 by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS 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.
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

## 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.

As required by law, and under the penalty of perjury, I certify the Social Security Number (Taxpayer Identification Number) and information I have provided is correct. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person.

<b>Print Name:</b>	
<b>Signature:</b>	<b>Date:</b>

## Form Return

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

By fax: 877-677-4329

**OR**

Express mail address:  
Nationwide Retirement Solutions  
3400 Southpark Place, Suite A  
DSPF-F2  
Grove City, OH 43123-4856