



1. Document and IRS Information

The Required Documentation Checklist and the 401(k) Hardship Withdrawal Form are enclosed in this booklet.

The instructions contained in this booklet summarize the major provisions of federal and State of Maryland tax rules applicable to your payment. Tax rules are complex and contain conditions and exceptions not included in these instructions. You may find more specific information on the tax treatment of payments drawn from retirement plans in the Internal Revenue Service (IRS) Publication 575: *Pension and Annuity Income*, and IRS Publication 590: *Individual Retirement Arrangements*. These publications are available from your local IRS office, the IRS website at irs.gov, or contact the IRS Tax Forms Distribution Center at 1-800-829-3676. For more information on Maryland State tax withholding, refer to the most recent *Resident Booklet*, available at marylandtaxes.gov.

2. Eligibility to Withdraw Funds

You may qualify for an in-service withdrawal from your 401(k) Plan account due to financial hardship for the following:

- Expenses incurred or funds needed for medical or dental care that would be deductible from your federal income taxes under Internal Revenue Code (IRC) Section 213(d), determined without regard to whether the expenses exceed 7.5% of adjusted gross income. *Attach medical or dental bills or estimates;*
- Costs directly related to the purchase of a principal residence for yourself, excluding mortgage payments. *Attach the purchase agreement signed by the buyer (you) and the seller, including the closing date and balance of the purchase price along with any invoices for additional required expenses such as an appraiser or inspection;*
- Payment of tuition, related educational fees, and room and board expenses for up to the next 12 months of post-secondary education for you, your spouse, children, or dependent. *Attach the tuition statement.* (See page two for the definition of “dependent.”);
- Payments necessary to prevent eviction from your principal residence or to prevent foreclosure on the mortgage on that residence. *Attach the eviction or the intent to foreclose notice;*
- Payments for burial or funeral expenses for your deceased parent, spouse, children, or dependents. *Attach invoices.* (See page two for the definition of “dependent.”);
- Expenses for the repair of damage to your principal residence or automobile that would qualify as a casualty deduction from your federal income taxes under IRC Section 165, determined without regard to whether the loss exceeds 10% of adjusted gross income. *Attach invoices; or*
- Expenses and losses (including loss of income) incurred by you on account of a disaster declared by the Federal Emergency Management Agency (FEMA) under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 100-707, provided that your principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster. *Attach supporting documentation.*

A hardship withdrawal from your 401(k) account will have income tax implications. You may wish to obtain the advice of a tax advisor before you request a hardship withdrawal.

To qualify for a 401(k) hardship withdrawal, you must: (1) first obtain all other currently available withdrawals (not including loans) from your 401(k) and/or 457(b) Plan accounts; and (2) certify below that you have insufficient cash or other liquid assets reasonably available to satisfy the need. Refer to section 3 - Available Cash or Other Liquid Assets on the form.

In-Service Withdrawal Note: You may consider requesting an in-service withdrawal of your rollover source (all sources if you are over age 59½) prior to submitting your hardship withdrawal request. Understand different withholding applies for an in-service withdrawal of your rollover source; Nationwide will withhold 20% of the amount withdrawn for federal income taxes. You may not elect to waive this withholding.

3. General Information

Contact the Nationwide Customer Solutions Center to request a **MSRP Payout Request** if you have separated from state employment and want a withdrawal. (do not complete this form)

Account Information

You may withdraw all or any portion of your Employee Pre-Tax subaccount, 401(k) Rollover Pre-Tax subaccount, Employer Discretionary subaccount, Roth Contribution subaccount, Roth Rollover subaccount, and In-Plan Roth Conversion subaccount. Such withdrawals shall be made proportionately (pro-rata) from your account and subaccounts unless you indicate otherwise in section 6 of the form.

If your withdrawal includes Roth assets, there will be additional tax implications. Since the withdrawal is considered non-qualified, the earnings portion of the Roth withdrawal amount will be taxable.

All information contained in this booklet was current as of the print date. The Plan reserves the right to amend any of the procedures or plan provisions outlined in this booklet or the Plan Document. Such changes may be enacted without prior announcement or the express consent or agreement of plan participants. The Plan Document will govern if any contradiction arises between the terms of the Plan Document and this booklet.

3. General Information (continued)

Supporting Documentation and Application

Before submitting your completed **401(k) Hardship Withdrawal Form**, attach your required supporting documentation. Form and documentation submission options are provided below. All documentation will be reviewed and does not guarantee approval of your request. In some cases, additional documentation may be requested.

See section 8 of the booklet for the supporting documentation needed to apply for a hardship withdrawal for specific reasons.

Payment Dates

We issue payment within 3-5 business days of receipt of a form (including all required supporting documentation) determined to be properly completed and in good order. Delivery of payment may vary depending on the type of payment method you request in section 7 of the hardship withdrawal form.

Payment Information

Payments are issued via direct deposit, at no charge, to one financial institution of your choice or via check to your address on file.

To issue payment via direct deposit to your financial institution, you must provide the following information:

- Name and 9-digit routing number of your financial institution
- Account number and account type

NOTE: Direct Deposit is not available to financial institutions outside of the United States.

If your financial institution, account number, or routing number changes, you must complete a new **Direct Deposit Authorization Form**. Submission of a new **Direct Deposit Authorization Form** replaces any previous direct deposit/debit authorization on file. This change may take up to 3-5 business days in addition to the 3-5 business days noted above to become effective.

If any of the required information is incomplete, invalid, or not provided, you will be mailed a check.

Uncashed Checks

Checks are valid for 120 days from the date of issuance. If uncashed after 120 days, the check may not be negotiated by your financial institution. In the event you have a check which remains uncashed for more than 120 days, you must contact the Nationwide Customer Solutions Center so that a replacement check can be issued.

Lost or Stolen Checks

You may contact the Nationwide Customer Solutions Center to report a check as lost or stolen if you do not receive it within 14 days from the issue date.

Definition of Dependent

The definition of “dependent” is set forth in IRC Section 152 as either a “qualifying child” or a “qualifying relative.”

A qualifying child is someone who meets all the following criteria:

- Is a child or brother or sister (or stepbrother or stepsister) of the participant or a descendant of either
- Has the same principal place of residence as the participant for more than one-half the taxable year
- Has not yet turned age 19 (or is a student who has not yet turned age 24 as of the end of the taxable year)
- Has not provided more than one-half of his or her own support for the taxable year

A qualifying relative is someone who meets all the following criteria:

- Is a child (or a descendant), brother or sister (or stepbrother or stepsister), father or mother (or ancestor), stepmother or stepfather, niece or nephew, aunt or uncle, or in-law (father, mother, sister, brother, son, or daughter) of the participant or has the same principal place of residence as the participant (other than a spouse) and is a member of the participant’s household
- Income must not exceed the personal exemption amount as defined in Section 151 of the IRC
- Receives more than one-half his or her support in that taxable year from the participant
- Is not a “qualifying child” of any taxpayer in the taxable year

For purposes of a hardship withdrawal for educational expenses, a “dependent” includes a qualifying child or qualifying relative, even if the dependent is married and irrespective of their gross income. For purposes of a hardship withdrawal for funeral expenses, a “dependent” includes a qualifying child or qualifying relative irrespective of their gross income. For purposes of a hardship withdrawal, a “child” includes natural, foster, adopted, and stepchildren.

4. Tax Withholding Information

Federal Tax Withholding

Nationwide will withhold 10% of the amount withdrawn for federal income taxes unless you request otherwise in section 5 of the form. You are not permitted to specify a total dollar amount for withholding. However, you may elect to increase the withdrawal amount to accommodate federal income tax withholding on the taxable portion of the withdrawal.

Special withholding rules apply to payments to non-U.S. citizens. Please refer to IRS Publication 505: *Tax Withholding and Estimated Tax*, IRS Publication 515: *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and IRS Publication 519: *U.S. Tax Guide for Aliens* for further information.

State Tax Withholding

Maryland State income tax will not be withheld unless you request otherwise by completing a **Maryland Income Tax Withholding for Annuity, Sick Pay and Retirement Distributions (MW507P)**.

Maryland Income Tax Withholding for Annuity, Sick Pay and Retirement Distributions (MW507P)

A **MW507P** allows you to modify the amount of Maryland State income tax withholding from your payment(s). You are not permitted to specify a dollar-amount withholding on the **MW507P**. However, you may elect to modify your withholding amount by designating an additional dollar amount to be withheld, or claiming exempt.

If you choose to modify the amount of state income tax withholding with a **MW507P**, the modification will only apply to the withdrawal request to which the **MW507P** is attached. If you live outside Maryland, consult your state taxing authority for more information. The **MW507P** form is available at marylandtaxes.gov or contact the Nationwide Customer Solutions Center to have one mailed to you.

1099-R Tax Document

For tax reporting, a Form 1099-R will be issued by January 31 of the year following your payment.

5. Payment Method

One Time Payment

A specific dollar amount paid directly to you. This withdrawal is not eligible for rollover.

6. Submission Instructions

You may submit your completed application by mail or fax, or you may be able to submit via DocuSign.

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

By Fax: 1-877-677-4329

By DocuSign: Contact the Nationwide Customer Solutions Center

NOTE: If you submit your completed form by mail, please send the original with “wet” (i.e., manual, non-electronic and non-facsimile) signatures and keep a copy for your records. If you submit it by fax, please keep the original with “wet” signatures for your records.

8. Required Documentation Checklist

You are required to submit and keep copies of the source documents that substantiate the request amount and to make them available at any time, upon request.

Reason	Required Documentation - to verify the hardship need in the event they are requested
Medical/Dental Expenses	<input type="checkbox"/> If you have insurance, Explanation of Benefits forms 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 insurance, detailed bills indicating the dates of service for all charges and a signed statement indicating you do not have insurance <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"/> For future services, a pre-treatment estimate indicating insurance coverage and patient responsibility for all procedures that are to be performed and anticipated date of service - along with a statement from the provider showing that payment must be made before the treatment will be rendered
Home Purchase	<input type="checkbox"/> Copy of the purchase agreement signed by the buyer and seller that includes the closing date and balance of the purchase price <input type="checkbox"/> Invoices for associated expenses required for the purchase of the home such as appraiser and inspection <input type="checkbox"/> Document that shows the services requested for payment were required to purchase the home <input type="checkbox"/> If building a home, you must show reasonable proof such as building permits or receipts
Post-Secondary Education	<input type="checkbox"/> Tuition statement or school invoice on letterhead from the institution showing the student's name and amount owed. The statement must be for the current quarter/semester in which the student is enrolled and/or up to 12 months into the future (No reimbursement for past schooling permitted) <input type="checkbox"/> Room and board expenses must be for housing and show the name of the student and the itemized cost <input type="checkbox"/> Books and other educational materials must accompany an itemized receipt <input type="checkbox"/> If the student is a spouse or dependent, copies of tax documentation or official paperwork proving their relationship to you is required
Foreclosure and/or Eviction	<input type="checkbox"/> If foreclosure, a letter dated within 60 days from the mortgage company indicating the dollar amount needed to prevent imminent foreclosure or acceleration on your primary residence. The letter must include the property address of the loan under threat of foreclosure <input type="checkbox"/> If eviction, a letter dated within 60 days from the landlord/leasing agency or court ordered eviction notice indicating the dollar amount needed to prevent imminent eviction from your primary residence
Funeral Expenses	<input type="checkbox"/> Detailed invoice from a funeral home and/or cemetery that itemizes the cost of funeral expenses for which you are responsible <input type="checkbox"/> Copies of receipts, booking information (air/hotel), and other travel expenses related to the funeral and/or burial <input type="checkbox"/> Verification of relationship to the decedent <input type="checkbox"/> Copy of the Death Certificate
Repair of Primary Residence Due to Accident or Casualty	<input type="checkbox"/> If you have insurance, a letter from your insurance company indicating the amount covered by insurance and deductible no more than two amount owed, or reasons for no coverage <input type="checkbox"/> If you do not have insurance, a signed statement indicating you do not have insurance <input type="checkbox"/> Detailed repair estimate from a licensed contractor indicating the specific causes of the damage <input type="checkbox"/> If this the result of an accident, an official police report
Repair of Primary Vehicle Due to Accident or 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 insurance, a signed statement indicating you do not have insurance <input type="checkbox"/> Detailed repair estimate from a licensed mechanic indicating the make and model of the vehicle in need of repairs <input type="checkbox"/> If this the result of an accident, an official police report

The checklist is continued on the next page.

8. Required Documentation Checklist (continued)

Reason	Required Documentation - to verify the hardship need in the event they are requested
Federally Declared Disaster Area	<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 insurance, a signed statement indicating you do not have insurance <input type="checkbox"/> Detailed repair estimate that indicates cause of damage from a licensed contractor <input type="checkbox"/> Receipts of other expenses incurred, or documentation of lost income, as a result of the disaster
Involuntary Loss of Income (Participant or Spouse)	<input type="checkbox"/> Letter from your employer indicating your dates of employment and the dates of work missed that you received reduced or no pay. The letter must indicate any sick/vacation pay, disability pay, worker's compensation benefits, unemployment benefits, or any other form of compensation received while out of work <input type="checkbox"/> A copy of your last full pay stub indicating regular full pay rate, and if still employed, a current pay stub showing reduced pay <input type="checkbox"/> Documentation to show a minimum of 6 months of pay in the same position, or 1 year of similar pay <input type="checkbox"/> If applicable, documentation from the unemployment office listing when benefits start and the dollar amount you are eligible to receive <input type="checkbox"/> If from a personal business, letter from licensed physician indicating dates when you were medically unable to work, 1 year profit/loss statement, and Schedule C tax filings



Processing will be completed within 3-5 business days of receipt of a properly completed and signed form.

1. Participant Information

Name: _____ Account Number or SSN: _____
Email: _____ Preferred Phone: _____
Phone Type: [] Home [] Work [] Cell

2. Reason for Hardship Withdrawal

See section 2 of the booklet for detailed explanations of the following hardship reasons. Required documentation for each reason can be found in section 8 of the booklet.

- [] Medical/Dental Expenses [] Funeral Expenses
[] Home Purchase [] Home Repair
[] Post-Secondary Education [] Federally Declared Disaster Area
[] Foreclosure and/or Eviction

3. Available Cash or Other Liquid Assets

Do you have sufficient cash or other liquid assets reasonably available to satisfy the need? [] Yes [] No
If you answered "Yes" to the question above, you are not eligible for a hardship withdrawal.

4. Hardship Withdrawal Request

I understand that my hardship withdrawal is limited to the amount documented as necessary to satisfy the immediate and heavy financial need and the anticipated taxes.

Amount Requested: \$ _____ OR [] Maximum Amount Allowed

5. Federal and State Income Tax Withholding Information

Federal and state income tax withholding: Select one option, if no option is selected, Nationwide will use a default rate of 10% federal income tax withholding.

- [] I elect to increase the total amount of the withdrawal. Include funds to cover 10% federal income tax withholding.
You will receive 100% of the approved amount of the request. If your account balance is insufficient to accommodate federal income tax withholding, the entire account balance will be distributed, 10% will be withheld for federal and applicable state income taxes, and the remaining balance will be paid to you.
[] I elect to opt-out of federal income tax withholding (0% withholding).
You will be liable for all federal income taxes that may result from this withdrawal.

NOTE: Maryland State income tax will not be withheld unless you request otherwise by completing a Maryland State Withholding Certificate for Pension or Annuity Payments (MW507P). Information on the MW507P can be found in section 4 of the booklet. You will be liable for all state income taxes that may result from this withdrawal.

6. Withdrawal Direction

If an option is not selected, your assets will be withdrawn proportionately from all money sources and investment options. If you indicate a percentage, you must use whole percents only.

[] 1. Proportionately from all money sources and investment options OR
[] 2. From Specific Money Sources AND/OR [] 3. From Specific Investment Options
(Pre-tax, Roth, Rollover, etc. - indicate all that apply) (Please list investment options)
_____ \$ _____ or _____%

7. Payment Method (select one)

NOTE: Direct Deposit is not available to financial institutions outside of the United States.

- Direct Deposit on file:** Assets will be sent to the financial institution that Nationwide has on file.
- Mail Check:** Your check will be mailed first class to your address on record with Nationwide. Allow 5-10 business days from process date for delivery. If no other option is selected, your payment will be issued by check and mailed.
- New Direct Deposit Authorization:** Assets will be sent to the financial institution that you indicate below.

Financial Institution Information:

Financial Institution Name _____ Account Type: Checking Savings
If account type is not selected, checking will be used.

Routing Number _____

Account Number _____

NOTE: If information is not completed correctly or no option is selected, 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 routing and account numbers are correct? Yes No

I hereby authorize Nationwide to initiate automatic direct deposits to my account at the financial institution named above. In the event an error is made, I authorize Nationwide to make a corrective reversal from this account. Further, I agree not to hold Nationwide responsible for any delay or loss of funds due to incorrect or incomplete information which I supplied or due to an error caused by my financial institution. This authorization will remain in effect until I submit a new **Direct Deposit Authorization Form** to Nationwide to change or revoke this authorization or until Nationwide receives a written notice of cancellation from my financial institution.

8. Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan withdrawals. FATCA does not apply as this is a U.S. account. Under penalties of perjury, I certify 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.

9. Authorization

I request a hardship withdrawal in accordance with my election. I understand the State of Maryland has the authority to approve or reject this request based upon the hardship guidelines of the Plan.

I attest that the hardship has caused an immediate and heavy financial need 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.*
2. The reasonable liquidation of funds in investment accounts, IRA's, and/or insurance policy cash values.*
3. The reasonable liquidation of nonessential assets (i.e. rental/vacation properties, RV's, boats, or other).*
4. The cancellation or suspension of elective deferrals under the 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.

*Provided the liquidation would not itself cause an immediate and heavy financial need.

I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant Signature: _____ **Date:** _____

See submission instructions on Page 3