



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

Call 855-826-5407  
Go to [retirewithbmore.com](http://retirewithbmore.com) to learn about our products, services and more.

## **Important information about our Unforeseeable Emergency Application**

### **To apply**

Call us at 855-826-5407 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 The Internal Revenue Code and Treasury regulations govern the circumstances in which funds may be withdrawn.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, 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.

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 855-826-5407.

### **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 Insurance  
1-LC-F2  
1 Nationwide Plaza  
Columbus OH 43215-2239

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 pre-tax money sources. 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.

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 855-826-5407 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.