



Participant Financial Hardship Distribution

Nationwide Retirement Plans

1. Purpose

This form is to be used when Nationwide serves as the administrative service provider for a financial hardship withdrawal from a qualified Plan. Available for current participants only.

Permissible hardship expenses allow for the use of the safe harbor definitions of a hardship which are deemed to be for an immediate and heavy financial need.

2. Plan Information

Plan Number: 0062868001 Plan Name: Sea Island 401k Savings Plan
Plan Type: 401(k)

3. Participant Information

Name: _____ SSN: _____

Date of Birth: _____ Date of Hire: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Current Marital Status: Single Married Divorced Widowed

Email: _____

Paperless Communication: By providing your email address, you are consenting to receive electronic communications as it relates only to this form and related to this distribution request unless otherwise elected below.

I wish to be contacted via the telephone number provided above. I wish to be contacted via US mail.

4. Notifications

- The taxable portion of the hardship distribution is subject to ordinary income tax withholding and may include an additional 10% early withdrawal tax.
- The amount of the distribution cannot exceed the immediate and heavy financial need.

5. Cost of Hardship and Requested Amount

I hereby certify that I am applying for a hardship distribution and that under penalties of perjury all supporting information provided with the application is true and accurate.

I understand that I must provide supporting documentation or information, which may include bills, contracts, estimates, and other information that will support my request for a hardship distribution. I also understand that I am certifying that I have insufficient cash or other liquid assets reasonably available to me to meet this financial hardship.

In order to do so, I hereby certify under penalty of perjury that:

- The distribution will not exceed the immediate financial need indicated below, and
- I have insufficient cash or other liquid assets reasonably available to satisfy the immediate financial need.

Total costs of event(s) causing the hardship: \$ _____ (amount must be provided)

For example: the total costs of medical care and/or the total payment needed to prevent foreclosure.

Requested Hardship Distribution Amount: \$ _____ (amount must be provided)

- Gross distribution (amount before taxes)
 Net distribution (amount after taxes)

NOTE: if neither is selected, Gross distribution is the default.

If the Requested Hardship Amount is not available:

- I do not wish to receive a lesser amount (distribution will not be processed).
- I accept the maximum amount available after deducting taxes as indicated in Section 7 (Income Tax Withholding).
- I accept the maximum amount available. In this case, please do not deduct taxes. I understand that any mandatory state withholdings will still be withheld and that I am still responsible for taxes even though I am requesting that no additional taxes be deducted at this time. Please note that this selection will override any selection entered in Section 7 (Income Tax Withholding).

6. Hardship Reason

Please select one or more of the safe harbor hardship reasons and then complete the corresponding detailed explanations associated with each safe harbor hardship:

- Medical expenses not covered by insurance. **(Section 6a)**
- Purchase of principal residence (cannot be used for mortgage payments). **(Section 6b)**
- Payment of tuition or related expenses for post-secondary education for the next twelve (12) months. **(Section 6c)**
- Prevent principal residence foreclosure or eviction. **(Section 6d)**
- Funeral and burial expenses. **(Section 6e)**
- Repairs for damage to principal residence (that would qualify for the IRS casualty deductions). **(Section 6f)**
- Expenses or losses related to a federally declared disaster. **(Section 6g)**

NOTE: Refer to Section 9 (Required Documentation Checklist) for a list of required documentation associated with each Hardship reason that must be returned with this request.

6a. MEDICAL EXPENSES NOT COVERED BY INSURANCE

Expenses for (or necessary to obtain) medical care that would be deductible under section 213(d) (determined without regarding to the limitations in section 213(a) relating to the applicable percentage of adjusted gross income and the recipients of medical care) provided that, if the recipient of medical care is not listed in section 213(a), the recipient is a primary beneficiary under the Plan.

By completing this section, I hereby certify under penalty of perjury that I am requesting a hardship distribution from my retirement Plan account for eligible hardship expenses that cannot otherwise be relieved through reimbursement or compensation by insurance coverage.

NOTE: If any item is identified, then all corresponding information associated with that occurrence must be completed.

Item	Patient Name	Relationship to the Participant	Purpose of Medical Care*	Service Provider Name & Address (doctor/hospital/pharmacy)	Amount Not Covered by Insurance
1		<input type="checkbox"/> Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary			
2		<input type="checkbox"/> Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary			
3		<input type="checkbox"/> Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary			
4		<input type="checkbox"/> Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary			

If more than four occurrences, please attach additional documentation.

*Purpose of medical care should not be the actual condition, but should be the general category of the expense (for example: diagnosis, treatment, prevention, associated transportation, or long-term care).

6. Hardship Reason (continued)

6b. PURCHASE OF PRINCIPAL RESIDENCE

Costs directly related to the purchase of a principal residence for the participant. Please note that this cannot include mortgage payments.

Will this be the participant's principal residence? Yes No

Principal Residence Information:

Street Address: _____

City: _____ State: _____ ZIP: _____

Purchase Price of the Principal Residence: \$_____

Date of the purchase or sale agreement: _____

Expected date of closing: _____

Lender information:

Lender Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Item	Fully explain the types of costs and expenses covered (costs can include items such as down payment, closing costs and/or title fees)
1	
2	
3	
4	

If more than four occurrences, please attach additional documentation.

6. Hardship Reason (continued)**6c. PAYMENT OF TUITION OR RELATED EXPENSES FOR POST-SECONDARY EDUCATION**

Payment of tuition, related educational fees, and room and board expenses, for up to the next twelve (12) months of post-secondary education of the participant, the participant's spouse, the participant's children or dependents (as defined in section 152, without regard to section 152(b)(1), (b)(2), and (d)(1)(B)), or the participant's primary beneficiary under the Plan (if allowed within your Plan).

By completing this section, I hereby certify under penalty of perjury that I am requesting a hardship from my retirement Plan account for which I or my spouse, child, dependent, or beneficiary do not qualify for financial aid or have the ability to attain student loans, grants, or scholarships that would be eligible to cover the expenses associated with this requested hardship withdrawal.

NOTE: If any item is identified, then all corresponding information associated with that occurrence must be completed.

Item	Who are the educational payments for? (Name)	Relationship to the Participant	Name & address of the educational institution	Category of educational payments involved (post-high school tuition, related fees, room & board)	Period covered by the educational payments (up to 12 months)	
					Beginning Date	Ending Date
1		<input type="checkbox"/> Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary				
2		<input type="checkbox"/> Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary				
3		<input type="checkbox"/> Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary				
4		<input type="checkbox"/> Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary				

If more than four occurrences, please attach additional documentation.

6. Hardship Reason (continued)**6d. PREVENT PRINCIPAL RESIDENCE FORECLOSURE OR EVICTION**

Payments necessary to prevent the eviction of the participant from the participant's principal residence or foreclosure on the mortgage on that residence.

Is this the participant's principal residence? Yes No

Principal Residence Information:

Street Address: _____

City: _____ State: _____ ZIP: _____

NOTE: If any item is identified, then all corresponding information associated with that occurrence must be completed.

Item	Type of Event	Name & address of the party that issued the foreclosure or eviction notice	Date of the notice of foreclosure or eviction	Due date of the payment to avoid foreclosure or eviction
1	<input type="checkbox"/> Foreclosure <input type="checkbox"/> Eviction			
2	<input type="checkbox"/> Foreclosure <input type="checkbox"/> Eviction			
3	<input type="checkbox"/> Foreclosure <input type="checkbox"/> Eviction			
4	<input type="checkbox"/> Foreclosure <input type="checkbox"/> Eviction			

If more than four occurrences, please attach additional documentation.

6. Hardship Reason (continued)**6e. FUNERAL AND BURIAL EXPENSES**

Payment for burial or funeral expenses for the participant's deceased parents, spouse, children, or dependents (as defined in section 152, without regard to section 152(b)(1), (b)(2), and (d)(1)(B)), or for a deceased primary beneficiary under the Plan (if allowed within your Plan).

By completing this section, I hereby certify under penalty of perjury that I am requesting a hardship from my retirement Plan account for which I am the responsible party to pay the corresponding invoices associated with this requested hardship withdrawal.

NOTE: If any item is identified, then all corresponding information associated with that occurrence must be completed.

Item	Name of the Deceased	Relationship to the Participant	Date of Death	Name & address of the service provider (cemetery, funeral home, etc.)
1		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary		
2		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary		
3		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary		
4		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary		

If more than four occurrences, please attach additional documentation.

6. Hardship Reason (continued)**6f. REPAIRS FOR DAMAGE TO PRINCIPAL RESIDENCE**

Expenses for the repair of damages to the participant's principal residence that would qualify for the casualty deduction under section 165 (determined without regard to section 165(h)(5) and whether the loss exceeds 10% of adjusted gross income).

Is this the participant's principal residence? Yes No

Principal Residence Information:

Street Address: _____

City: _____ State: _____ ZIP: _____

By completing this section, I hereby certify under penalty of perjury that I am requesting a hardship distribution from my retirement Plan account for eligible hardship expenses that cannot otherwise be relieved through reimbursement or compensation by insurance coverage.

NOTE: If any item is identified, then all corresponding information associated with that occurrence must be completed.

Item	Briefly describe the cause of the casualty loss (fire, flooding, type of weather-related damage, etc...)	Date of Casualty Loss	Briefly describe the repairs, including the status of the repairs (in process or completed)	Date(s) of Repairs
1				
2				
3				
4				

If more than four occurrences, please attach additional documentation.

6. Hardship Reason (continued)**6g. EXPENSES OR LOSSES RELATED TO A FEDERALLY DECLARED DISASTER**

Expenses or losses (including loss of income) incurred by the employee on account of a disaster declared by the Federal Emergency Management Agency (FEMA) under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, provided the employee's 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.

Is this the participant's principal residence? Yes No

Principal Residence Information:

Street Address: _____

City: _____ State: _____ ZIP: _____

By completing this section, I hereby certify under penalty of perjury that I am requesting a hardship distribution from my retirement Plan account for eligible hardship expenses that cannot otherwise be relieved through reimbursement or compensation by insurance coverage.

Or, I hereby certify under penalty of perjury that I have sustained a loss of income as a result of a federally declared disaster located within the disaster area containing my primary residence or place of employment.

NOTE: If any item is identified, then all corresponding information associated with that occurrence must be completed.

Item	Briefly describe the cause of the Federally Declared Disaster (fire, flooding, type of weather-related damage, etc...)	Date of Federally Declared Disaster	Briefly describe the repairs, including the status of the repairs (in process or completed)	Date(s) of Repairs
1				
2				
3				
4				

If more than four occurrences, please attach additional documentation.

7. Income Tax Withholding**Federal Income Tax Withholding:**

Unless you elect otherwise, a 10% Federal withholding will apply to this distribution.

- Do Not withhold Federal Income Taxes from this payment.
 Please withhold Federal Income Taxes in the amount of: _____%

State Income Tax Withholding:

For cash payments, Nationwide will withhold any mandatory State Taxes. 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 website. Nationwide does not supply these forms.

8. Cash Payment Method (select one)

Direct Deposit ACH: Funds will be sent to the account that you indicate below.

Direct Deposit ACH Financial Institution Information:

Financial Institution Name _____

ABA (routing) Number _____

Account Number _____

Account Type: Checking Savings

If account type is not selected, checking will be used.

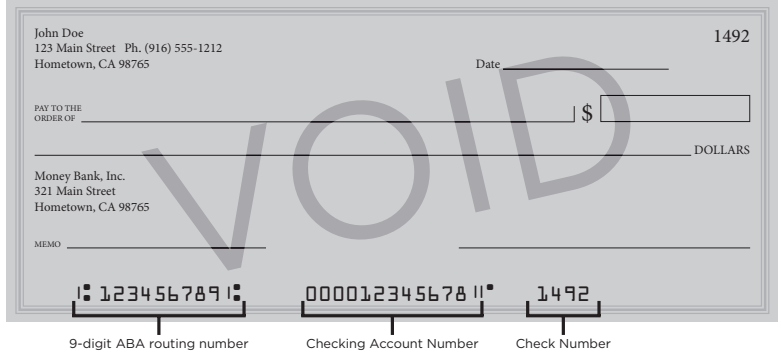
NOTE: Bank information is only needed if Direct Deposit ACH is selected. Direct Deposit cannot be made to a pre-paid debit card. If Direct Deposit ACH information is not completed correctly and a voided check/letter from the bank is not provided or no option is selected, then a check will be sent via first class mail to your address of record.

I hereby authorize Nationwide to initiate automatic 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 from my financial institution in depositing funds to my account. If repetitive payments are selected this agreement will remain in effect until Nationwide receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Nationwide.

Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default payment method if no option is selected)

Send check overnight at my expense to my address of record. I understand there is an additional fee that will be deducted from my account. The amount of the fee is stipulated in the service agreement for the Plan and may be obtained from your employer. Saturday delivery may not be available in your area. Allow 2 to 4 business days from process date for delivery.

NOTE: PO Box addresses are not eligible for overnight delivery. If you select “send check overnight” and your address of record is a PO Box, your check will be sent via first class mail and you will not be charged the fee for overnight shipping.



9. Required Documentation Checklist

Reason	Required Documentation
<p>Unreimbursed Medical Expenses</p>	<p><input type="checkbox"/> If the participant has health insurance: Explanation of Benefits statement from within the last 12 months from the insurance company indicating insurance coverage (or reasons for no coverage), patient responsibility and dates of service for all charges or a detailed invoice (including all information identified below under the Detailed Invoice bullet).</p> <p><input type="checkbox"/> If the participant does not have health insurance: Participant must enter the corresponding periods for which they did not have insurance in section 6a plus provide a detailed invoice (including all information identified below under the Detailed Invoice bullet).</p> <p><input type="checkbox"/> Detailed Invoice: Detailed invoice must identify the name of who incurred the medical expense, the medical provider name and address, the purpose of the medical expense (general category of expense; actual medical condition is not required), the date of service, the total medical procedure costs, insurance adjustments (if applicable), and amount participant is responsible to pay.</p> <p><input type="checkbox"/> If medical expenses are for a spouse, child, dependent, or beneficiary: Include a copy of the most recent Federal Income Tax Return (pages 1 & 2 only) for the participant and spouse (if married). Participant can black out information that is not necessary to verify the dependency. State tax forms are not needed.</p> <p><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.</p> <p><input type="checkbox"/> If payment is required in advance: Copy of the Pre-Determination of Benefits, dated or issued within last 60 days, from the insurance provider. In addition, a statement from the provider must be included showing that payment must be made before treatment will be rendered.</p> <p><input type="checkbox"/> If the participant has a discounted Dental Plan that does not issue Dental Explanation of Benefits statements: Provide copies of the Schedule of Benefits that include the procedure code(s) that match the procedures on the dental pre-treatment estimate.</p> <p><input type="checkbox"/> If payment is for Prescription Drugs: Prescription drug history from the participant’s pharmacy or insurance company stating dates medications were filled, how much insurance covered, and the dollar amount the participant is responsible for paying</p>

9. Required Documentation Checklist (continued)

Reason	Required Documentation
Purchase of Primary Residence	<ul style="list-style-type: none"> <input type="checkbox"/> If purchasing an existing home for principal residence: Provide signed, dated, legally binding contract of sale and/or purchase agreement including the address of the principal residence, purchase price, date of purchase, expected date of closing, and lender information. <input type="checkbox"/> If building a new home for principal residence: Provide reasonable proof of expenses (building permits, receipts, and so forth). <input type="checkbox"/> Costs associated with inspections and appraisals: If required as part of the purchase, then the invoice must have documentation showing the service, associated cost, and proof that it was required as part of the purchase.
Post Secondary Education	<ul style="list-style-type: none"> <input type="checkbox"/> If education expenses are for a spouse, child, dependent, or beneficiary: Include a copy of the most recent Federal Income Tax Return (pages 1 & 2 only) for the participant and spouse (if married). Participant can black out information that is not necessary to verify the dependency. State tax forms are not required. <input type="checkbox"/> Provide proof student is enrolled. <input type="checkbox"/> Period covered by educational payments: Expenses must be for the current quarter/semester in which the student is enrolled and/or up to 12 months in the future (documentation must include a beginning and ending date associated with the tuition period). <input type="checkbox"/> Tuition: Documents must show name and address of the institution, name of student, category of payments (room & board, tuition...), itemize listing of classes, if possible, and costs. <input type="checkbox"/> Costs which could be covered by financial aid (including grants, scholarships, or student loans): If participant, spouse, child, dependent, or beneficiary qualify for financial aid they must include documentation showing items covered. Note: Nationwide cannot approve expenses that could be covered by financial aid. <input type="checkbox"/> Room and board: Expenses must be for on-campus housing and show name of student and itemized costs. <input type="checkbox"/> Books and other educational materials: Expenses must include receipts that clearly detail costs.
Eviction or Foreclosure	<ul style="list-style-type: none"> <input type="checkbox"/> If address on file does not match the address on the request: Pages 1-2 of the 1040 Federal Tax Return and Schedule E (rental property page) are required (participant can black out information that is not necessary to verify the address). <input type="checkbox"/> Foreclosure: Letter from the Mortgage Company or lender's attorney issued within the last 30 days indicating that the letter is a Foreclosure Notice including the name of the foreclosure party, the foreclosure parties address, the date of notice, the dollar amount needed to prevent the imminent foreclosure, a clear future date due, and full address of property that is under threat of foreclosure. <input type="checkbox"/> Eviction: A letter on company letterhead from the Leasing Agency or a copy of the Court Order Eviction issued within the last 30 days indicating that the letter is an Eviction Notice including the name of the evicting party, the evicting parties address, the date of notice, the dollar amount needed to prevent the imminent eviction, a clear future date due, and full address of property that is under threat of eviction. Note: Nationwide cannot accept letters from private landlords not on company letterhead. <input type="checkbox"/> Copy of the current lease agreement, if applicable. <input type="checkbox"/> Bankruptcy: 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.
Funeral Expenses	<ul style="list-style-type: none"> <input type="checkbox"/> A copy of the death certificate: If participant provides a written certification that a death certificate is not available, then alternative documentation could include (on an exception review basis): Mortuary Certificate (only offered in certain states), Affidavit of Death (provided by the coroner or medical examiner), or a review of the Berwyn Master Death file (updated monthly). <input type="checkbox"/> If funeral expenses are for a parent, spouse, child, dependent, or beneficiary: Documentation of the relationship to the deceased. Include a copy of the most recent Federal Income Tax Return (pages 1 & 2 only) for the participant and spouse (if married). Participant can black out information that is not necessary to verify the dependency. State tax forms are not needed. <input type="checkbox"/> Detailed invoice: Must come from a funeral home and/or cemetery that provides the name and address of the service provider and itemizes the costs of funeral/burial expenses in which the participant is personally responsible, along with the amount that the decedent's funeral/insurance/burial insurance will cover. <input type="checkbox"/> Copies of receipts, booking information (air/hotel), and other travel expenses related to the funeral or burial.

9. Required Documentation Checklist (continued)

Reason	Required Documentation
Repairs for Damage to Principal Residence	<input type="checkbox"/> If the participant has casualty insurance: A letter from the participant's insurance company indicating the address of the principal residence, cause of the casualty loss (fire, flood, weather-related...), the date of the casualty loss, a description of the repairs needed, the date of the repairs (or estimated begin date), amount covered by insurance and deductible amount owed, or reasons for no coverage. <input type="checkbox"/> If the participant does not have casualty insurance: Participant must enter the corresponding periods for which they did not have casualty insurance in section 6f plus provide a detailed invoice (including the information found in the letter which would have come from the insurance company identified above in the first bullet plus the information identified below under the Detailed Repair Invoice bullet). <input type="checkbox"/> Detailed repair invoice: Must come from a licensed contractor indicating the address of the participants principal residence, the specific causes of the casualty loss (fire, flood, weather-related...), the date of casualty loss, a description of repairs needed, and the date of the repairs (or estimated begin date). <input type="checkbox"/> Police report, if applicable.
Expenses or losses related to a federally declared disaster	<input type="checkbox"/> If the participant has casualty insurance: A letter from the participant's insurance company indicating the address of the principal residence, cause of the federally declared disaster (fire, flood, weather-related...), the date of the federally declared disaster, a description of the repairs needed, the date of the repairs (or estimated begin date), amount covered by insurance and deductible amount owed, or reasons for no coverage. <input type="checkbox"/> If the participant does not have casualty insurance: Participant must enter the corresponding periods for which they did not have casualty insurance plus provide a detailed invoice (including the information found in the letter which would have come from the insurance company identified above in the first bullet plus the information identified below under the Detailed Repair Invoice bullet). <input type="checkbox"/> Detailed repair invoice: Must come from a licensed contractor indicating the address of the participants principal residence, the specific causes of the casualty loss (fire, flood, weather-related...), the date of casualty loss, a description of repairs needed, and the date of the repairs (or estimated begin date). <input type="checkbox"/> Police report, if applicable.

10. Financial Position Acknowledgment**THIS ACKNOWLEDGMENT IS REQUIRED TO BEGIN THE REVIEW PROCESS**

I attest that the financial situation has caused a heavy and immediate financial hardship to me, my spouse, child, parent, 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, and
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, and
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, and
4. Other currently available distributions from this or other Plans maintained by my employer or any other employer.

11. Taxpayer ID Certification

NOTE: Backup withholding does not apply to retirement Plan distributions. FATCA does not apply as this is a US account.

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.

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.

12. Participant Authorization

I hereby request payment from the Plan as described above. I understand, acknowledge, and consent to the following:

1. The terms of the Plan document, Internal Revenue Code, and regulations will determine the payment from this Plan, and
2. The taxable portion of the hardship distribution is subject to ordinary income and may include an additional 10% early withdrawal tax, and
3. A withdrawal fee may apply and will be deducted from my account. The amount of the fee is stipulated in the service agreement for the Plan and may be obtained from my employer, and
4. The hardship distribution is not eligible for rollover to another retirement Plan or IRA.
5. I understand that once submitted this election is final.

I hereby certify under penalties of perjury the following:

1. The information and any supporting documentation provided with the application is true and accurate, and
2. The amount of the distribution does not exceed the amount of the financial need when accounting for any amounts necessary to pay federal, state, or local taxes, or penalties reasonably anticipated, and
3. I have received all currently available distributions (other than hardship distributions) from the Plan and all other Plans maintained by the employer (including related employers), and that I have not other financial means of alleviating the hardship.

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

Signature: _____ Date: _____

NOTE: electronic or stamped signatures are not permitted.

You may wish to consult with a professional tax advisor, before taking a payment from the Plan. Nothing within this withdrawal form is intended to provide tax or legal advice. You can find more detailed information on the federal tax treatment of payments from employer Plans in: IRS Publication 575, Pension and Annuity Income; IRS Publications 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at irs.gov, or by calling 800-TAX-FORM.

13. Spousal Consent

If your Plan requires spousal consent, and you are married, this section must be completed and the signature must be witnessed by a Notary below. If you have questions, please contact the Plan sponsor.

Not Applicable - I am not married and/or the Plan does not require spousal signature.

I hereby consent to the payment from the Plan requested above and I certify that I have been made aware of the effects of this consent.

Spouse Information:

Printed Name: _____

Signature: _____ Date: _____

NOTE: electronic or stamped signatures are not permitted. Must be witnessed by the Plan Sponsor or a Notary.

Witnessed by Plan Sponsor:

Signature: _____ Date: _____

NOTE: electronic or stamped signatures are not permitted.

Witnessed by Notary:

State of _____, in the county of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on _____ (mm/dd/yyyy).

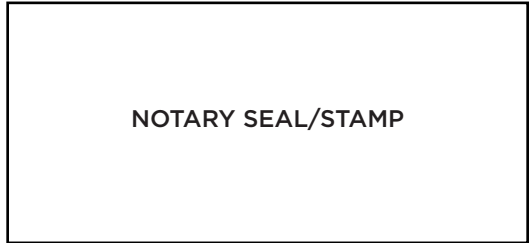
Notary Information:

Printed Name: _____

Signature: _____

Date: _____

My commission expires: _____



14. Submission Instructions

- Please ensure that the form is completed in its entirety and all required documentation is included with this request
- Pages 1 through 11 must be returned for this request to be processed
- All applicable signatures must be present. Missing information will cause a delay in processing your request
- Once the form is complete, please fax to 877-677-4329

13. Form Return

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

By Fax: 877-677-4329
By Email: rpublic@nationwide.com