As the administrative services provider for your Deferred Compensation Plan, we are pleased to provide you with information regarding your request for an Unforeseeable Emergency Distribution.

A distribution on account of an 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, or as otherwise permitted by law.

Please note that the amount you request for a withdrawal cannot exceed the current value of your account. If your request is approved, all funds will be withdrawn on a pro-rated basis across all accounts, according to your allocation percentages. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

If you currently have Life Insurance coverage through the plan, please be aware that if you choose to stop your deferrals to alleviate your Unforeseeable Emergency, your policy may lapse and your coverage will no longer be in effect. Please contact our office to discuss the options available to you to continue your life insurance coverage.

Funds may only be withdrawn from Salary Reduction (pre-tax contributions) and Roth Contribution (post-tax contributions) money types. If your Unforeseeable Emergency request is approved, funds will be withdrawn from your account on a prorated basis across both money types, if applicable. Earnings from Roth Contributions are only considered tax free when you reach age 591/2 and five years after the first Roth contribution.

Please MAIL the completed application and supporting documentation to:
NATIONWIDE RETIREMENT SOLUTIONS
P O BOX 182797
COLUMBUS OH 43218-2797

If you prefer, you can FAX the completed application and supporting documentation to 1-877-677-4329.

If you require assistance with the completion of this form or have any questions, please call us at 1-877-NRS-FORU (1-877-677-3678).
To qualify for an unforeseeable emergency distribution, you or your beneficiary must experience a severe financial hardship that is a result of an extraordinary and unforeseeable event beyond your control that cannot be relieved using funds available from your checking, savings, stocks, mutual funds, securities, insurance, other assets or by ceasing your deferrals.

Non-approvable events generally include:
- routine monthly expenses
- annual tax liability
- purchase of a car
- education expenses
- maternity leave
- loss of overtime/holiday pay
- purchase of a home
- elective/cosmetic surgery
- auto maintenance
- routine medical expenses
- elective orthodontia
- home maintenance
- accumulated credit card debt that is not due to any events that are extraordinary and unforeseeable and beyond your control

Please describe you or your beneficiary’s severe financial hardship.

The severe financial hardship must be a result of one of the following:
- Illness or accident of you, your spouse, your beneficiary or dependent
- Property loss due to casualty of you, or your beneficiary
- Other similar extraordinary and unforeseeable event, beyond you or your beneficiary’s control (see Plan Document)

Please explain in detail how the severe financial hardship is a result of one of the causes listed above:
### Deferred Compensation

#### Unforeseeable Emergency Distribution Application

You must submit documentation to support your request for an Unforeseeable Emergency distribution. Please see the examples below for documentation that may be required.

*Note: In most cases, the use of "you" in the following section refers to you, or your beneficiary.*

<table>
<thead>
<tr>
<th>Reason</th>
<th>Required Documentation</th>
</tr>
</thead>
</table>
| Property Loss Due To Accident /Casualty | - 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  
- If you do not have insurance: a signed statement indicating you do not have insurance (may be included in the explanation on page two of this request)  
- Detailed repair estimate from a licensed contractor indicating the specific causes of the damage |
| Home Repair/ Modification | - 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  
- If you do not have insurance: a signed statement indicating you do not have insurance (may be included in the explanation on page two of this request)  
- Detailed repair estimate from a licensed contractor |
| Repair of Primary Vehicle Due to Accident or Casualty | - 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  
- If you do not have insurance: a signed statement indicating you do not have insurance (may be included in the explanation on page two of this request)  
- Detailed repair estimate from a licensed mechanic indicating the make and model of the vehicle in need of repairs  
- If the result of an accident, official Police Report |
| Imminent Foreclosure/ Eviction | - If foreclosure, letter dated within 60 days from the mortgage company indicating the dollar amount needed to prevent imminent foreclosure or acceleration on your primary residence. Must include the property address of the loan under threat of foreclosure  
- If eviction, 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 |
| Primary Vehicle Repossession | - Letter dated within 60 days from the lender indicating the dollar amount needed to prevent repossession or sale of your repossessed primary vehicle |
| Customary Funeral/Burial Expenses | - Detailed invoice from a funeral home and/or cemetery that itemizes the cost of funeral expenses for which you are responsible  
- Copies of receipts, booking information (air/hotel), and other travel expenses related to the funeral and/or burial |
| Medical/Dental/ Prescription Expenses | - 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  
- 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 (may be included in the explanation on page two of this request)  
- If the procedure could be considered cosmetic, a letter from a medical doctor/dentist indicating the reasons why the procedure is medically necessary  
- 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 |
| Utility Disconnection of Gas,Electric,Water, or Heating Oil/ Propane | - Letter dated within 60 days from the utility company indicating the dollar amount needed to prevent imminent disconnection of eligible utility services at your primary residence |
# Deferred Compensation

## Unforeseeable Emergency Distribution Application

### Items to keep in mind to prevent your request from being delayed or denied:
- If your unforeseeable emergency distribution is due to a legal dependent’s situation, we will require a copy of the qualified dependent worksheet to show dependency.
- Documentation being supplied from third parties must be on third party’s letterhead.
- The documentation provided must generally be dated within the previous 12 months.
- Sign your application and the tax forms provided (if applicable).
- Please allow up to 10 days for receipt and review.

All documentation will be reviewed and does not guarantee approval of your request. Please note that additional documentation may be requested.

What dollar amount are you requesting? (Applications without a stated request amount cannot be approved.)

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<table>
<thead>
<tr>
<th>Unforeseeable Emergency (continued)</th>
<th></th>
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<tbody>
<tr>
<td><strong>Legal Fees</strong></td>
<td><strong>Moving Expenses</strong></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□ Signed attorney retainer agreement, and/or Detailed list of costs incurred from the attorney indicating dates of service for all charges</td>
<td>□ Rental/lease agreement Copies of bills/receipts for moving expenses</td>
</tr>
<tr>
<td>□ □</td>
<td>□ If related to a divorce or separation: copy of one if the following (on file with the court): Legal Separation agreement, initial complaint for divorce, final divorce decree</td>
</tr>
<tr>
<td><strong>Child Support</strong></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□ Letter from the Child Support Enforcement Agency indicating the amount of child support in arrears that is owed to you.</td>
<td>□</td>
</tr>
<tr>
<td><strong>Involuntary Loss of Income</strong></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□ 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</td>
<td>□ A copy of your last full pay stub indicating regular full pay rate, and if still employed, a current pay stub showing reduced pay.</td>
</tr>
<tr>
<td>□ □</td>
<td>□ Documentation to show a minimum of 6 months of pay in the same position, or 1 year of similar pay</td>
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<tr>
<td>□ □</td>
<td>□ If applicable, documentation from the unemployment office listing when benefits start and the dollar amount you are eligible to receive.</td>
</tr>
<tr>
<td>□ □</td>
<td>□ If related to a divorce or separation: copy of one of the following (on file with the court): Legal Separation agreement, initial complaint for divorce, final divorce decree.</td>
</tr>
<tr>
<td>□ □</td>
<td>□ 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</td>
</tr>
</tbody>
</table>

Remember to complete the direct deposit & tax information, and sign on the following page.
# Deferred Compensation

## Unforeseeable Emergency Distribution Application

### Delivery Options

If approved, how would you like your funds to be delivered? (Please select one option)
- Check via U.S. Mail – From date of issuance please allow 5-7 business days for receipt
- Check via Overnight Delivery – A $25.00 fee will be deducted from your account pro rata
- Direct Deposit – Please complete direct deposit information below

**Please Note:** If none of the above options are selected funds will be issued as a check and distributed via standard mail.

### Direct Deposit Information (if you chose the Direct Deposit option above)

Check only one option:  
- Checking Account
- Savings Account

<table>
<thead>
<tr>
<th>Bank/Credit Union Name</th>
<th>Account Number</th>
</tr>
</thead>
</table>

**ABA/Routing Number (First nine digits only):** `/____/____/____/____/____/____/____/____/____/`  

**Please Note:** Your ABA/Routing Number appears at the bottom of your checks between the markings indicated above. You **must include a voided check if your distribution is being sent to your checking account.**

<table>
<thead>
<tr>
<th>Bank or Credit Union Telephone Number:</th>
<th></th>
</tr>
</thead>
</table>

**Note:** Direct Deposit is only offered through members of the Automated Clearing House (ACH). If your account listed above is associated with a brokerage firm or investment firm, please confirm with them that the Account Number and ABA/Routing Number are correct for Direct Deposit purposes.

### Tax Information

All distributions are subject to federal, applicable state and local taxes. Federal Income Tax will be withheld from your payment as required by the Internal Revenue Code. Payments will be reported on a 1099-R form.

Please select one option. (If you do not select an option, we will use the 10% Default withholding as described below.)

- No Taxes withheld: Do not withhold Federal Taxes from my withdrawal. I will be liable for all Federal Taxes that may result from this withdrawal.
- 10% Default withholding: Increase the withdrawal amount to accommodate Federal Tax withholding on the taxable portion of my withdrawal. I will receive the approved amount of my request (by check or Direct Deposit), and the total withdrawal amount will be higher to include Federal Tax withholding.

### Signature & Authorization

I verify that all information provided on this application is current, complete, and accurate. I verify that my event may not be relieved using funds available from my checking, savings, stocks, mutual funds, securities, insurance, other assets or by ceasing my deferrals.

I understand it is my responsibility to and I agree to maintain the documentation supporting this unforeseeable emergency request.

I understand that these funds may not be rolled over into an IRA, 401, 403(b), or another 457 plan.

I understand that if I am still deferring to the Plan, my request for unforeseeable emergency withdrawal may be denied.

<table>
<thead>
<tr>
<th>Participant’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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P O BOX 182797  
COLUMBUS OH 43218-2797

If you prefer, you can FAX the completed application and supporting documentation to 1-877-677-4329.

Thank you for your participation in the deferred compensation program. If you have any questions, please call us at 1-877-677-3678.