



**Explanation &
Information
About
Requests for
Unforeseeable
Emergencies**

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 If your request is approved, all funds will be withdrawn on a pro-rated basis across all accounts, according to your allocation percentages.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Funds may only be withdrawn from Salary Reduction (pre-tax contributions) and Roth Contribution (post-tax contributions) money types. If your Unforeseeable Emergency request is approved, funds will be withdrawn from your account on a prorated basis across both money types, if applicable.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 59 1/2 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).

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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.

Reason	Required Documentation
<input type="checkbox"/> Property Loss Due To Accident /Casualty	<input type="checkbox"/> <i>If you have insurance:</i> a letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage <input type="checkbox"/> <i>If you do not have insurance;</i> a signed statement indicating you do not have insurance (may be included in the explanation on page two of this request) <input type="checkbox"/> Detailed repair estimate from a licensed contractor indicating the specific causes of the damage
<input type="checkbox"/> Home Repair/ Modification	<input type="checkbox"/> <i>If you have insurance:</i> a letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage <input type="checkbox"/> <i>If you do not have insurance;</i> a signed statement indicating you do not have insurance (may be included in the explanation on page two of this request) <input type="checkbox"/> Detailed repair estimate from a licensed contractor
<input type="checkbox"/> Repair of Primary Vehicle Due to Accident or Casualty	<input type="checkbox"/> <i>If you have insurance:</i> a letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage <input type="checkbox"/> <i>If you do not have insurance;</i> a signed statement indicating you do not have insurance (may be included in the explanation on page two of this request) <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"/> <i>If the result of an accident,</i> official Police Report
<input type="checkbox"/> Imminent Foreclosure/ Eviction	<input type="checkbox"/> <i>If foreclosure,</i> 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 <input type="checkbox"/> <i>If eviction,</i> 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
<input type="checkbox"/> Primary Vehicle Repossession	<input type="checkbox"/> Letter dated within 60 days from the lender indicating the dollar amount needed to prevent repossession or sale of your repossessed primary vehicle
<input type="checkbox"/> Customary Funeral/Burial 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"/> Medical/Dental/ Prescription Expenses	<input type="checkbox"/> <i>If you have insurance:</i> 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"/> <i>If you do not have insurance:</i> 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) <input type="checkbox"/> <i>If the procedure could be considered cosmetic,</i> a letter from a medical doctor/dentist indicating the reasons why the procedure is medically necessary <input type="checkbox"/> <i>For future services:</i> 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
<input type="checkbox"/> Utility Disconnection of Gas,Electric,Water, or Heating Oil/ Propane	<input type="checkbox"/> 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

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<input type="checkbox"/> Legal Fees	<input type="checkbox"/> Signed attorney retainer agreement, and/or <input type="checkbox"/> Detailed list of costs incurred from the attorney indicating dates of service for all charges
<input type="checkbox"/> Moving Expenses	<input type="checkbox"/> Rental/lease agreement <input type="checkbox"/> Copies of bills/receipts for moving expenses <input type="checkbox"/> <i>If related to a divorce or separation:</i> copy of one if the following (on file with the court): Legal Separation agreement, initial complaint for divorce, final divorce decree
<input type="checkbox"/> Child Support	<input type="checkbox"/> Letter from the Child Support Enforcement Agency indicating the amount of child support in arrears that is owed to you.
<input type="checkbox"/> Involuntary Loss of Income	<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"/> <i>If applicable,</i> documentation from the unemployment office listing when benefits start and the dollar amount you are eligible to receive. <input type="checkbox"/> <i>If related to a divorce or separation:</i> copy of one of the following (on file with the court): Legal Separation agreement, initial complaint for divorce, final divorce decree. <input type="checkbox"/> <i>If from a personal business,</i> letter from licensed physician indicating dates when you were medically unable to work, 1 year profit/loss statement, and Schedule C tax filings

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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Remember to complete the direct deposit & tax information, and sign on the following page

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

Bank/Credit Union Name _____ Account Number _____

ABA/Routing Number (First nine digits only) I: /___/___/___/___/___/___/___/___/___/ I:
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.

Bank or Credit Union Telephone Number: () _____

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.

Certification

Under penalties of perjury, I certify that:

- 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
- 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.

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.

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

<i>Participant's Signature</i>	<i>Date</i>
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COLUMBUS OH 43218-2797

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