



Nationwide Retirement Solutions

Coronavirus-Related Loan Self-Certification and Repayment Delay Request

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This form is to be used when requesting a new loan and/or for delaying loan repayments as allowed by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Participant Information

Name: _____ SSN or Account Number: _____

Phone¹: _____ Email: _____

How would you like to be contacted if additional information is required? Phone Email

¹Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

Loan Repayment Delay Request (optional - select one)

If you elect to delay repayments, the loan will continue to accrue interest during the delayed repayment period which may increase your repayment amount.

- I elect to delay repayments **on a new loan** until January 1, 2021.
- I elect to delay repayments **on all existing loans** until January 1, 2021.
- I elect to delay repayments **on a new AND all existing loans** until January 1, 2021.
- I elect to delay repayments **on the specific loans indicated below** until January 1, 2021.

Loan Number(s): _____

NOTE: Loan numbers can be found on your web account or your most recent statement. If a loan number is not provided, repayments on all outstanding loans will be delayed until January 1, 2021.

You may elect to reinstate repayments at any time prior to the end of this delay by contacting Nationwide.

Participant Coronavirus Certification

By signing this form, I certify that I meet at least one of the qualifications for a distribution as defined under the CARES Act Section 2202(a)(4)(A) summarized below:

1. I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention; or
2. I have a spouse or dependents diagnosed with such virus or disease by such a test; or
3. I have experienced adverse financial consequences stemming from such virus or disease as a result of:
 - Being quarantined, furloughed or laid off
 - Having reduced work hours
 - Being unable to work due to lack of child care
 - The closing or reduction of hours of a business I own or operate

Signature (required): _____ Date: _____

NOTE: Adobe Signature is not permitted.

NOTE: The full text of the CARES Act can be found at <https://www.congress.gov/bill/116th-congress/house-bill/748/text>

Form Return

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

By email: rpublic@nationwide.com

By fax: 877-677-4329