

# Unforeseeable Emergency Withdrawal Request Governmental 457(b) Plan

## City of Riverside Employee's Deferred Compensation Plan

98246-01

### Participant Information

Last Name			First Name			MI		
Social Security Number								
Account Extension (if applicable)								
E-Mail Address								
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried								
Please Select One:						Mo	Day	Year
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien						Date of Birth		
<input type="checkbox"/> Other: _____						Country of Residence: _____ (Required)		
( ) _____			( ) _____					
Home Phone			Work Phone					

A check made payable to you will be mailed to your address on file unless otherwise requested in the Address Change/Alternate Mailing Address section below. You may confirm the address on file by accessing your account online at [www.riversidecadcp-gwrs.com](http://www.riversidecadcp-gwrs.com). If you have recently changed your address or have any questions regarding the address on file, please contact our Client Service Department at 1-800-701-8255. **If you require an address change that is submitted the same day this request is submitted, or if you are requesting an alternate mailing address, you must have your signature notarized or witnessed by your Plan Administrator in the section below.** Beneficiary Account - If you acquired this account due to the death of the participant do not complete this form, instead complete a Death Benefit Claim Request form.

### Unforeseeable Emergency Withdrawal Amount

Please specify the dollar amount you are requesting to satisfy your unforeseeable emergency: \$ \_\_\_\_\_  Net Amount

If your request is approved, the withdrawal of funds will be deducted on a pro-rata basis from all available investment options.

### Unforeseeable Emergency Withdrawal Reason

You must complete the Application for Unforeseeable Emergency Withdrawal Request and attach documentation to your Plan Administrator to support your claim.

Do not complete this form if you have separated from service.

### Distribution Delivery

- Check
- Express Delivery** - \$25.00 non-refundable charge will be deducted from your distribution amount. Express delivery available Monday through Friday only. Check will be sent by USPS Express if address is a P.O. Box and could take 2-3 business days for delivery.
- ACH** - \$15.00 non-refundable charge will be deducted from your distribution amount. ACH credit can only be made into a United States financial institution. Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.
  - Checking Account - must attach preprinted voided check
  - Savings Account - must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes your name, savings account number and ABA routing number

Financial Institution Name	Account Number	ABA Routing Number
Financial Institution Mailing Address	City	State/Zip Code





\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

**Signature and Consent**

**Participant Consent**

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

I understand that the Internal Revenue Code and my Section 457(b) Plan prohibits distributions prior to occurrence of certain events. I am requesting a distribution due to an unforeseeable emergency within the meaning of Section 457 of the Code and my Section 457(b) Plan, and understand that the Plan has authority to approve or reject my request. I understand that supporting documentation must be provided to substantiate my unforeseeable emergency withdrawal request.

I hereby certify under penalty of perjury that information provided by me on this withdrawal request is true and accurate.

I have obtained all available distributions, other than unforeseeable emergency distribution, and all nontaxable loans currently available under all plans maintained by my employer (or related employers).

I certify that I cannot obtain the needed funds from any other available resources such as reimbursement or compensation from insurance, cessation of deferrals under the Plan, loans, liquidation of other assets to the extent the liquidation of such assets would not itself cause a severe financial hardship, or by any other means available to me. I understand that the amount of unforeseeable emergency distribution may be limited under the terms of the Plan and can never exceed my vested account balance.

I understand I am responsible for any applicable income tax and/or penalties on this distribution.

I acknowledge that I am not electing a foreign financial institution for an ACH deposit and understand that such an election will be rejected and delay the processing of my request.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held for less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Under penalty of perjury, I certify that my Social Security number (or a Taxpayer Identification Number) as shown on this request is correct, and that I am a U.S. person if I checked the U.S. Citizen box or the U.S. Resident Alien box on this withdrawal request form.

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date (Required)**

**Participant forward to Plan Administrator/Trustee**

**Authorized Plan Administrator/Trustee Approval**

This request is in compliance with the terms of the Plan and I have provided the participant with a written explanation of the tax rules and any other Internal Revenue Service, Department of Labor or other notice requirements to the participant that apply to this request and the appropriate consent and waivers have been obtained by the Plan Administrator and the Service Provider is authorized to rely on the information provided on this request. I affirm that the Plan has approved an unforeseeable emergency distribution with respect to the participant completing this form.

I am forwarding the Unforeseeable Emergency Withdrawal Request form and I am retaining the application and supporting documentation for my records only.

\_\_\_\_\_  
**Authorized Plan Administrator/Trustee Signature**

\_\_\_\_\_  
**Date**

**Plan Administrator/Trustee forward to Service Provider at:**

Great-West Retirement Services®

PO Box 173764

Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-800-701-8255

**Fax #:** 1-866-745-5766

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.

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## Unforeseeable Emergency Withdrawal Certification

Your Section 457(b) Plan permits unforeseeable emergency withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan that the reason for such withdrawal complies with applicable requirements under Internal Revenue Code and the Plan. You can only request an unforeseeable emergency withdrawal if you find that your situation warrants such request and you have sufficient documentation to support it.

The amount that may be distributed from the Plan is limited to the amount reasonably necessary to meet the unforeseeable emergency need after all other financial means available to you are taken into consideration.

If you elect not to have federal income tax withheld or if you do not have enough federal or state income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your income tax withholding and estimated tax payments are not sufficient.

Indicate the amount of the unforeseeable emergency on the line provided. Unless you check the Net Amount box, the amount you request will be a gross amount; that is, federal and/or state income tax will be withheld from your requested amount. The unforeseeable emergency amount will be automatically prorated against all of your available investment options.

**Express Delivery** - The amount of your distribution check will be reduced by \$25.00 for this service. Express delivery is only available Monday through Friday. Check will be sent by United States Postal Service Express if address is a P.O. Box and could take 2-3 business days for delivery. Delivery is not guaranteed to all areas.

**Automated Clearing House (ACH)** - Check this box and complete this section only if you want your payment to be electronically deposited into your checking or savings account. You may not designate a business account, an IRA or any other retirement plan/account. Your distribution amount will be reduced by \$15.00 for this service. ACH credit can only be made into a United States financial institution (bank/credit union).

Complete the financial institution name, account number, ABA routing number, financial institution mailing address, city, state and zip code. For a checking account, you must attach a preprinted voided check. If a preprinted voided check is not available, you must attach a signed letter from your financial institution, on their letterhead, that confirms the ABA routing number and your name and account number. For a savings account, you must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes your name, savings account number and ABA routing number.

### General ACH Information

By choosing an ACH credit to your financial institution account, you are authorizing Service Provider to initiate a credit entry and, if necessary, a debit entry if an error should occur. You are also authorizing your financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. Service Provider will make your payment in accordance with the directions you have specified on the Unforeseeable Emergency Form.

If your financial institution rejects the ACH credit, Service Provider will make every attempt to fix the error and process the request. However, if Service Provider is still unable to send the ACH credit, a check will be mailed to the address that is on file with the Service Provider.

By selecting an ACH method of delivery, you acknowledge that Service Provider is not liable for the payment made by Service Provider in accordance with a properly completed Unforeseeable Emergency Form. By selecting this method of distribution delivery, you are authorizing and directing your financial institution not to hold an overpayment made by Service Provider on your behalf, or on behalf of your estate or any current or future joint accountholder, if applicable.

ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution. Any requests received containing foreign financial institution instructions will be rejected and require new ACH or Check delivery instructions.

It is your obligation to notify Service Provider of any address or other changes affecting your electronic fund transfers prior to your payment date. You are solely responsible for any consequences and/or liabilities that may arise out of your failure to provide such notification.

Your Plan Administrator/Trustee's signature is required.

### Income Tax Withholding Applicable to Payments Delivered Outside the U.S.

If you are a U.S. citizen or resident alien and your payment is to be delivered outside the U.S. or its possessions, you may not elect out of federal income tax withholding.

If you are a non-resident alien, you must attach IRS Form W-8BEN with an original signature. In general, the withholding rate applicable to your payment is 30% unless a reduced rate applies because your country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. To obtain the IRS Form W-8BEN, call 1-800-TAX-FORM.

Contact your tax professional for more information.

# APPLICATION

## UNFORESEEABLE EMERGENCY WITHDRAWAL

The applicant must provide the following detailed information. INCOMPLETE FORMS WILL BE REJECTED

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

1. I am experiencing an unexpected severe financial emergency and need to request a cash withdrawal from my Section 457(b) Plan.

I AM REQUESTING \$\_\_\_\_\_, which is not more than I reasonably need to satisfy my severe financial emergency.

2. List the expenses that caused your unforeseeable emergency that are not reimbursable through insurance or otherwise. Attach a copy of each outstanding bill to document this amount:

ONE TIME EXPENSE(S) – Bill(s) owed to:	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

Provide explanation of NATURE AND CAUSES of the unforeseeable emergency. Be as **specific** as you can, including relevant dates. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* If you are requesting an unforeseeable emergency withdrawal on behalf of your beneficiary, in addition to your information, you will be required to provide your beneficiary's Financial Statements, Checklist and supporting documentation.

List below the steps you have taken to establish a monthly payment plan for any outstanding bills submitted by you for consideration. Attach additional sheets if necessary:

\_\_\_\_\_  
\_\_\_\_\_

3. I cannot satisfy this emergency with insurance proceeds because: (check one)
- I do not have insurance
  - Insurance is not available to cover my situation, or the entire portion of the expense
  - Insurance refuses to pay or coverage is not available (you must supply supporting documentation, such as a letter from your insurer)

4. My deferral (contribution) amount was \$\_\_\_\_\_ Per Pay Period  
If applicable, I stopped deferrals on \_\_\_\_\_.

5. Have you previously requested an unforeseeable emergency withdrawal? If so, please provide the date(s) and check the appropriate box.

_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

6. List the names and addresses of all financial institutions you contacted regarding a loan to meet your financial needs. Attach letters of acceptance or denial to show you made a good faith effort before you applied for the unforeseeable emergency withdrawal.

NAME AND ADDRESS OF FINANCIAL INSTITUTION	APPROVED/DENIED
_____	_____
_____	_____
_____	_____

## FINANCIAL STATEMENTS

If you are requesting an unforeseeable emergency withdrawal on behalf of your beneficiary, in addition to your information, you will be required to provide your beneficiary's Financial Statements, Checklist and supporting documentation.

**A. ASSETS** You must include copies of all bank statements, property assessments, life insurance policies, and any other available supporting documentation.

1. Cash on hand	\$ _____
2. Checking account	\$ _____
3. Savings account	\$ _____
4. Stocks/Bonds	\$ _____
5. Mutual Funds & other marketable securities	\$ _____
6. Cash value of life insurance	\$ _____
7. Monies owed to you (private/personal loan)	\$ _____
8. IRA	\$ _____
9. Other _____	\$ _____
10. Other _____	\$ _____
<b>TOTAL Liquid Assets*</b>	<b>\$ _____</b>
1. Value of Residence	\$ _____
2. Other Real Estate owned	\$ _____
3. Automobiles	\$ _____
4. Value of Personal Property	\$ _____
5. Ownership in business	\$ _____
6. Other _____	\$ _____
7. Other _____	\$ _____
<b>TOTAL Fixed Assets</b>	<b>\$ _____</b>
<b>TOTAL Liquid and Fixed Assets</b>	<b>\$ _____</b>

\*If you have not liquidated your assets, you should do so before an unforeseeable emergency is requested, unless liquidation of your assets would itself cause severe financial hardship.

**B. INCOME** List all sources of income. Attach copies of your most recent payroll statements for all sources of income from your work and copies of your last two (2) years' tax returns.

	<b>MONTHLY INCOME</b>
1. Your gross income from work	\$ _____
2. Spouse's gross income from work	\$ _____
3. Rental income	\$ _____
4. Dividends, interest, etc.	\$ _____
5. Business income	\$ _____
6. All other income (such as alimony, child support, etc.)	\$ _____
Source: _____	\$ _____
Source: _____	\$ _____
<b>TOTAL Monthly Income: \$ _____</b>	

**EXPENSES/LIABILITIES:** List all debts. Attach additional sheet if necessary. Copies of bills owed or other evidence of debt *must* be attached or application will *not* be processed.

**a) LONG TERM DEBTS:** such as mortgage, car payments, personal loans, etc.

CREDITOR	PURPOSE	UNPAID BALANCE	<b>MONTHLY EXPENSES</b> MONTHLY PAYMENT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**b) CHARGE CARDS AND ACCOUNTS:**

BANK/CREDITOR	CREDIT LIMIT	PRESENT BALANCE	MONTHLY PAYMENT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**c) MONTHLY EXPENSES:**

1. Rent	\$ _____
2. Utilities and Telephone	\$ _____
3. Alimony/Child Support	\$ _____
4. Medical/Life Insurance	\$ _____
5. Vehicle (gas, maintenance, insurance)	\$ _____
6. Food, clothing, household supplies	\$ _____
7. Other expenses	\$ _____
Source: _____	\$ _____
Source: _____	\$ _____

**TOTAL Monthly Expenses: \$ \_\_\_\_\_**

**NET MONTHLY INCOME/LOSS**  
(TOTAL Monthly Income less TOTAL Monthly Expenses) \$ \_\_\_\_\_

# CHECKLIST

## You must answer each question

1. Have you suspended future deferrals (contributions) to the Plan?  Yes  No
2. Have you attached copies of payroll statements for the past 2 months?  Yes  No  N/A
3. Have you attached copies of the last two (2) years' tax returns?  Yes  No  N/A
4. Have you included a written statement from your employer or your spouse's employer verifying loss of income?  Yes  No  N/A
5. Have you included a doctor's statement regarding medical condition?  Yes  No  N/A
6. Have you included a copy of the insurance carrier's statement detailing which medical bills were not covered by insurance?  Yes  No  N/A
7. Have you included a copy of police/fire/disaster reports?  Yes  No  N/A
8. Have you included a copy of your insurance company's statement detailing which expenses associated with a natural disaster were not covered by insurance?  Yes  No  N/A
9. Have you included certified proof of a spouse or dependant's death and copies of bills for funeral expenses incurred by you or your beneficiary?  Yes  No  N/A
10. Have you included proof that the deceased can be claimed by you as a dependent?  Yes  No  N/A
11. Have you included a foreclosure or eviction notice?  Yes  No  N/A
12. Have you provided back-up documentation to prove that your situation was completely beyond your control?  Yes  No  N/A
13. Have you provided documentation to prove that you have completely, in good faith, looked for other ways to resolve your current obligations?  Yes  No
14. Have you included proof of application(s) for a loan?  Yes  No
15. Have you currently, or in the past, filed for protection under the U.S. bankruptcy court?  Yes  No  
If so, please provide supporting documentation and date(s)  
\_\_\_\_\_.
16. Have you included copies of all the bills supporting the amount requested as unforeseeable emergency?  Yes  No

## **PARTICIPANT ACKNOWLEDGMENT AND SIGNATURE**

I hereby certify, under penalty of perjury, that the information provided in this application is accurate and complete and has been furnished solely for confidential use in evaluating my unforeseeable emergency withdrawal application.

**I understand that failure to complete all sections and provide required documentation might result in delay or denial of this request.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
WORK LOCATION

\_\_\_\_\_  
WORK PHONE NUMBER

\_\_\_\_\_  
HOME PHONE NUMBER