

457 Deferred Compensation Plan Financial Unforeseeable Emergency Self-Certification

First Financial Administrators, Inc.



EMPLOYEE INFORMATION <small>(Please Print)</small>				
FIRST NAME	MI	LAST NAME	SSN	
ADDRESS <small>(PO Box Unacceptable)</small>		CITY	STATE	ZIP
PHONE <small>(Between Hours of 8am-5pm)</small>	EMPLOYER		PROVIDER COMPANY NAME	
I REQUEST A WITHDRAWAL IN THE AMOUNT OF <small>(Amount not to exceed the need)</small>			DATE OF LAST DEFERRAL	
\$ _____ _____				

THE FOLLOWING DOCUMENTATION MUST BE PROVIDED FOR REVIEW/APPROVAL, IF REQUESTED
(Please see attachment 1)

Attachment 1 outlines the information for which you will need to retain documentation to demonstrate both that you meet the requirements for the unforeseeable emergency you are requesting and for the requested amount. By making the request for this distribution you agree that you have read the requirements for the applicable hardship and have documentation to show that you meet these requirements including the amount of distribution requested.

I hereby certify that I have incurred an unforeseeable financial emergency as defined by the Internal Revenue Code regulations §1.457-6(c)(2). I certify that the following circumstance does exist concerning the participant, participant's spouse or the participant's beneficiary

- an illness or accident of the participant, the participant's beneficiary, or the participant's or beneficiary's spouse or dependents;
- property loss caused by casualty (for example, damage from a natural disaster not covered by homeowner's insurance) of the participant or beneficiary;
- funeral expenses of the participant's spouse or dependent; and
- other similar extraordinary and unforeseeable circumstances resulting from events beyond the control of the participant or his or her beneficiary (for example, imminent foreclosure or eviction from a primary residence, or to pay for medical expenses or prescription drug medication).

Unforeseeable emergencies are not allowed for a child's college education, purchase of a home, credit debt and other circumstances that are foreseeable.

Your deferred compensation account is a supplemental retirement account and not a savings account. The income tax laws regulating this deferred compensation plan require that you have no other available funds for this unforeseeable emergency withdrawal. If you have insurance, a savings account, other retirement plans, or if you have any assets, the sale of which would help pay the expenses of your emergency, then you must first make use of these resources before drawing on your deferred compensation account. If the sale of an asset would cause you further financial hardship, however, such sale is not required.

EMPLOYEE SIGNATURE (REQUIRED)

By signing this form, I certify that the information I have provided is accurate and I have satisfied all the requirements to request this transaction and have verified that it is permissible under the terms of my 457(b) Plan and the terms of the annuity contract(s)/custodial account(s) indicated above. I understand and agree that the involvement of the third-party plan administrator in this transaction is limited to this authorization. Additionally, I certify that the specific amount of my Unforeseen Emergency is listed above and that I am not capable of satisfying this need, as described, by any other means. If no amount is entered above, this request will automatically be denied. I certify that I have source documents supporting my qualification for the unforeseeable emergency withdrawal (the need and the amount), and I agree that I will preserve these documents and make them available at any time, upon request to the employer or the administrator. Under penalty of perjury, I swear that the information provided or attached to this form is true and correct to the best of my knowledge.

EMPLOYEE SIGNATURE: _____ DATE: _____

NOTARY

Subscribed and sworn before me this _____ day of _____, 20_____

NOTARY SIGNATURE: _____

My commission expires: _____

SEAL/STAMP

Attachment I

UNFORESEEN EMERGENCY SUBSTANTIATION INFORMATION AND NOTIFICATIONS FOR SUMMARY OF SOURCE DOCUMENTS

What you should know before making a request for an unforeseeable emergency distribution.

- The unforeseeable emergency distribution is taxable and additional taxes could apply.
- The amount of the distribution cannot exceed the immediate and heavy financial need.
- Unforeseeable emergency distributions cannot be made from earnings on elective contributions or from QNEC or QMAC accounts, if applicable.
- You agree to preserve source documents and to make them available at any time, upon request, to the employer or administrator.
- If you have terminated employment with the employer that sponsors this 457(b) plan or you are over 59 1/2 and the 457(b) plan permits in service distributions after age 59 1/2, you should request a normal distribution and not a distribution due to unforeseeable emergency.

General Information for All unforeseen emergency Requests:

- Participant's name
- Total cost of the event causing unforeseen emergency (for example, total cost of medical care, total cost of funeral/burial expenses, payment needed to avoid foreclosure or eviction)
- Amount of distribution requested
- Certification by the participant that the information provided is true and accurate

Documentation Needed for Unforeseeable Emergency Withdrawal Request:

Illness or accident

- What is the illness or accident?
- Who incurred the medical expenses (name)?
- What is the relationship to the participant (must be self, spouse, dependent, or primary beneficiary under the plan)?
- When did the illness or accident occur?
- Where did the illness or accident occur?
- What is the expense due to the accident or illness?
- What was the purpose of the expense?
- Medical Care (whether or not related to an illness or accident)
- Name and address of the service provider (hospital, doctor/dentist/chiropractor/other, pharmacy)
- Amount of medical expenses not covered by insurance

Property Loss Caused by Casualty

- Is this the participant's principal residence?
- Address of the residence that sustained damage
- Briefly describe the cause of the casualty loss (fire, flooding, type of weather-related damage, etc.), including the date of the casualty loss
- Briefly describe the repairs, including the date(s) of repair (in process or completed)

Funeral and Burial Expenses

- Name of the deceased
- Relationship to the participant (parent, spouse, child, dependent, or primary beneficiary under the plan)
- Date of death
- Name and address of the service provider (cemetery, funeral home, etc.)

Foreclosure/Eviction from Your Principal Residence

- Is this the participant's principal residence?
- Address of the residence
- Name and 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