



457(b) Unforeseen Financial Emergency Disclosure

Employer Name _____

Employee Name: (print first, middle, last)	Social Security Number:
Provider Company Name:	457(b) Account Number:
Provider Company Address:	

I hereby certify that I have incurred an unforeseen financial emergency as defined by the Internal Revenue Service regulation §1.457-6(c)(2).

- Sudden, unexpected illness or accident of the participant. These costs exceed \$ _____.
- Sudden, unexpected illness or accident of a spouse or dependent. These costs will exceed \$ _____.
- Loss of the participant's property due to casualty. These costs exceed insurance reimbursement by \$ _____.
- Other extraordinary unforeseen circumstances, the cost of which shall exceed \$ _____.

Please note the following from Internal Revenue Service regulation §1.457-6(c)(2):

(c) *Rules applicable to distributions for unforeseeable emergencies* —(1) *In general* . An eligible plan may permit a distribution to a participant or beneficiary for an unforeseeable emergency. The distribution must satisfy the requirements of paragraph (c)(2) of this section.

(2) *Requirements* —(i) *Unforeseeable emergency defined* . An unforeseeable emergency must be defined in the plan as a severe financial hardship of the participant or beneficiary resulting from an illness or accident of the participant or beneficiary, the participant's or beneficiary's spouse, or the participant's or beneficiary's dependent (as defined in section 152, and, for taxable years beginning on or after January 1, 2005, without regard to section 152(b)(1), (b)(2), and (d)(1)(B)); loss of the participant's or beneficiary's property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, such as damage that is the result of a natural disaster); or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or the beneficiary. For example, the imminent foreclosure of or eviction from the participant's or beneficiary's primary residence may constitute an unforeseeable emergency. In addition, the need to pay for medical expenses, including non-refundable deductibles, as well as for the cost of prescription drug medication, may constitute an unforeseeable emergency. Finally, the need to pay for the funeral expenses of a spouse or a dependent (as defined in section 152, and, for taxable years beginning on or after January 1, 2005, without regard to section 152(b)(1), (b)(2), and (d)(1)(B)) of a participant or beneficiary may also constitute an unforeseeable emergency. Except as otherwise specifically provided in this paragraph (c)(2)(i), the purchase of a home and the payment of college tuition are not unforeseeable emergencies under this paragraph (c)(2)(i).

(ii) *Unforeseeable emergency distribution standard*. Whether a participant or beneficiary is faced with an unforeseeable emergency permitting a distribution under this paragraph (c) is to be determined based on the relevant facts and circumstances of each case, but, in any case, a distribution on account of 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.

(iii) *Distribution necessary to satisfy emergency need*. Distributions because of an unforeseeable emergency must be limited to the amount reasonably necessary to satisfy the emergency need (which may include any amounts necessary to pay for any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution).

Important: Evidence of the expenses indicated above must be attached to this form. Evidence includes bills and/or receipts directly related to the expense or letters and/or official notices of eviction or foreclosure.

I certify that the withdrawal amount designated on the attached 457(b) provider distribution form is necessary to meet my financial need created by the hardship to the extent that no other funds are reasonably available. I have determined that the amount of my financial hardship cannot be satisfied by any other resources available to me, including assets of my spouse or minor children. I have also determined that I have no other distributions and nontaxable loans currently available to me under my 457(b) account or any other benefit plans maintained by my employer or State Retirement Plan(s). I also certify that if I am eligible to take a loan from my 457(b) account or any other benefit plans maintained by my employer, the issuance of such a loan would result in an additional financial hardship.

I understand that I cannot roll over the hardship distribution to any other tax-deferred retirement plan or individual Retirement Account or Annuity (IRA). Further, I agree to indemnify and hold my employer harmless from any losses or financial obligation, which may arise by reason of authorizing this financial hardship request with respect to my 457(b) arrangement.

I certify under penalty of perjury that all of the foregoing statements are true and correct.

Employee's signature »	Date:
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Please submit this form with a Transaction Information Form to Envoy Plan Services