

457(b) Unforeseeable Emergency Withdrawal Application



Fringe Benefits Consortium

Instructions	<ul style="list-style-type: none"> • Please allow 10-15 days for delivery assets after form has been received and determined to be in good order. • Upon completion of this form please fax a copy to (800) 597-8206 • A \$50.00 processing fee will be charged to your account 		
Employee Information	Employee Name	Social Security Number	Current Date
	Mailing Address	Date of Birth	Home Phone Number
	(Street) (City, State, Zip)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Business Phone Number
Disclosure	<p>Hardship Withdrawal Provisions - The Plan permits hardship withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan Committee that the reason for the withdrawal complies with the applicable requirements under the Internal Revenue Code and that such hardship is due to an unforeseeable emergency. As a general rule, plan money cannot be distributed for an event within your control. Thus, tuition expenses, down payment for a house, or ordinary medical expenses are not considered unforeseeable emergencies. We recommend that you consult with your financial advisor regarding this withdrawal.</p> <p>Amount Available for Withdrawal - If you have qualified unforeseeable emergency, you may withdraw the amount necessary to meet the need created by the emergency. Payment will not be made to the extent that the financial hardship may be satisfied through cessation of deferrals, insurance, other reimbursement, or liquidation of other assets to the extent such liquidation would not itself cause sever financial hardship.</p>		
Nature and Description of Hardship	<p>In the space provided below, indicate the nature of the unforeseeable emergency for which you are requesting a withdrawal from the Plan. You may attach additional pages if more space is needed. You may also attach any documents which you feel would help prove that you have a financial hardship. As part of the review process, the Plan Committee may require additional proof of your financial hardship.</p> <p><input type="checkbox"/> Severe financial hardship to the participant resulting from a sudden and unexpected illness or accident of the participant or beneficiary, the participant or beneficiary's spouse, or the participant or beneficiary's dependent.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Loss of the participant's or beneficiary's property because of casualty or other extraordinary and unforeseeable circumstances arising as result of events beyond the control of the participant or beneficiary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Hardship Amount	Amount \$ <input style="width: 100px;" type="text"/>		
Spousal Consent	<p>I, the spouse of the above named employee, acknowledge and consent to the above distribution. I understand that in consenting to this distribution I will be waiving rights to other distribution benefits that I would be legally entitled to receive at a later date.</p> <p>_____ Date _____</p> <p>Spouse's Signature</p>		
Employee Certification	<p>I have read and I understand this application for unforeseeable emergency withdrawal. I certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above. I consent to the immediate distribution of the withdrawal to me in a single sum cash payment. I declare under penalty of perjury under the laws of the state of California that the information I have supplied on this application for the withdrawal is true and complete in all respects.</p> <p>_____ Date _____</p> <p>Employee Signature</p>		
FBC Use Only	<p>_____ Date _____</p> <p>FBC Authorized Signature</p>		