



Request for Unforeseeable Emergency Withdrawal
For Governmental Employers
Alameda County Deferred Compensation Plan

Instructions

1. Complete all sections in this form.
2. Sign the page titled “**Certification of Financial Unforeseeable Emergency and Authorization.**”
3. Obtain and submit all required documentation that pertains to the reason for your request.

Note: The documents you need to attach to your Request for Unforeseeable Emergency Withdrawal to substantiate the nature of your request are detailed on the **Unforeseeable Emergency Withdrawal Request Required Documentation Instructions** (located at the end of this document).

Important: Requests received with documentation that is incomplete or does not meet the requirements described will not be processed until they are in good order, which could cause a substantial delay in receiving your funds.

It is your responsibility to obtain and verify the documents you submit meet the stated requirements.

4. Please be sure to update your ‘Notification Preference’ to be notified of the status of your request (if applicable).
5. Mail or fax all forms and documentation to:

Regular Mail to:	OR	Express Mail to:	OR	Fax to:
Prudential Retirement PO Box 5410 Scranton, PA 18505-5410		Prudential Retirement 30 Scranton Office Park Scranton, PA 18507-1789		1-866-439-8602

**Approval/
Denial of
Unforeseeable
Emergency
Request**

Upon receipt of your unforeseeable emergency request, all documents will be reviewed by Prudential.

- If your paperwork is not in good order, the unforeseeable emergency request will be denied. We will notify you of our findings. Please note that the documents submitted will not be returned to you, therefore, please make copies for your records.
- If it is determined that you qualify for an unforeseeable emergency based on current Internal Revenue Code regulations and Plan provisions, Prudential will process your request.
 - All unforeseeable emergency distributions are reported to the Internal Revenue Service on Form 1099-R.
 - In the event of an audit you must retain documentation to support your claim of financial hardship and to demonstrate compliance. **Tax or legal counsel should be consulted regarding the permissibility of any distribution.**

To understand your withdrawal process, refer to the page titled "**Important Notice to Participants Taking an Unforeseeable Emergency Withdrawal.**" In taking this withdrawal it is extremely important that you review this in order to complete this form appropriately and expedite your request.

Customer Service representatives are available to help you complete the forms or answer general questions you may have about your distribution or about your Plan. Call **1-800-833-5761** for assistance.

Personal assistance with a Customer Service representative is available Monday through Friday, 8 a.m. to 9 p.m. Eastern Time, except on holidays.

Our representatives look forward to providing you with information in English, Spanish, or many other languages through an interpreter service.

Account information is available for the hearing impaired by calling us at **1-877-760-5166**. On the website, you are able to review your account information. You may access information on your account at **www.prudential.com/online/retirement** which is generally available 24/7.

Important information and signature required on the following pages





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Request for Unforeseeable Emergency Withdrawal
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Alameda County Deferred Compensation Plan

About You

Plan number

0 0 6 8 0 9

Sub plan number

Social Security number

First name

MI Last name

Address

City

State

ZIP code

Date of birth

Gender

Fax Number

month day year

M F

area code

Preferred Email address (how Prudential will contact you, if needed)

Daytime telephone number

Mobile telephone number

area code

area code

Notification Preference (how you prefer Prudential to contact you for this request, choose one): ___ Email ___ SMS Text

Please note: If neither email or text are selected (or both), we will default to email if provided.

Marital status: ___ Married - spousal signature required* ___ Not married

Please review all the enclosed information before proceeding.



Request for Unforeseeable Emergency Withdrawal
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**Reason for
Unforeseeable
Emergency**

(Check all that
apply)

I hereby request an **Unforeseeable Emergency Withdrawal** for the following reason(s). I agree to provide the applicable documentation as described in the **Unforeseeable Emergency Withdrawal Request Required Documentation Instructions**.

Please refer to **Important Notice to Participants Taking an Unforeseeable Emergency Withdrawal for a definition of dependent in IRC Section 152

SITUATIONS THAT MAY BE ELIGIBLE FOR AN UNFORESEEABLE EMERGENCY WITHDRAWAL:

- Sudden and unforeseen medical / non-routine dental expenses incurred by me, my spouse, any of my dependents, or primary beneficiary / primary beneficiary's spouse. Note: If this is for non-routine dental expenses, the attached **Certification of Unforeseen Dental Expenses** affidavit must be completed.
 - Payments needed to prevent eviction or imminent mortgage foreclosure from my principal residence.
 - Payment of burial or funeral expenses for my deceased parent, spouse, child, dependent, or primary beneficiary / primary beneficiary's spouse.
 - Expenses for the repair of damage to my principal residence due to casualty or natural disaster that is not otherwise covered by homeowner's insurance.
 - Loss of income due to disability for me, my spouse, my primary beneficiary or my primary beneficiary's dependent.
-

**Important
Withdrawal
Information**

The administration of the plan may be audited from time to time by the Internal Revenue Service for determination of full adherence to the requirements of the Internal Revenue Code and corresponding Treasury regulations. **If the plan is not administered in compliance with tax laws, the tax benefits of the plan can be denied to all participants in the plan. For this reason, Internal Revenue Code and IRS regulations must be strictly enforced.**

SITUATIONS TYPICALLY NOT ELIGIBLE FOR UNFORESEEABLE EMERGENCY WITHDRAWAL:

1. Purchase of a home or real estate
 2. Purchase or repair of an automobile
 3. Payment of college tuition or other educational expenses
 4. Credit card bills
 5. Loan repayments or payment of outstanding loans
 6. Elective surgery
 7. Payment of personal income taxes, property taxes, back taxes, interest, fines or penalties (unless they are associated with an approved unforeseeable emergency withdrawal)
 8. Normal monthly bills such as utility bills, rent or mortgage payments (except in the event of imminent foreclosure or eviction)
 9. Personal bankruptcy
 10. Routine medical and dental bills, elective/cosmetic surgery, or orthodontia
 11. Payment towards medical treatment plans (if treatment was not the result of a sudden and unforeseen emergency)
-



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Withdrawal Request Amount

The disbursement amount will be taken from your account according to the hierarchy determined by your Plan/Program. If the amount requested exceeds your maximum withdrawal amount, you will be paid the maximum amount available.

Amount: \$ _____ A SPECIFIC AMOUNT IS REQUIRED

(You will only be approved for up to the documented financial need)

If you would like your unforeseeable emergency withdrawal to include additional amounts necessary to pay anticipated state and federal income taxes, and applicable plan fees (this is called a gross-up), check the following box:

[] I would like to gross-up my unforeseeable emergency withdrawal

By checking this box, I would like to increase the withdrawal amount to cover any anticipated state and federal income taxes and applicable plan fees that may be reasonably anticipated as a result of this withdrawal.

- Your election for Federal & State Income Tax in the following tax sections will be used as the amount of reasonably anticipated taxes in the gross-up calculation
The total maximum allowed to gross-up for federal and state tax is 35%. If you elect more than 35%, we will:
Gross-up your withdrawal using a default of 35% for federal and state taxes
Withhold the Federal & State Income Tax amount(s) you elect in the following tax sections (even if greater than 35%)

Election for Withholding of Federal Income Tax

Federal tax laws require us to withhold income taxes from the taxable portion of a qualified retirement plan distribution. Some states also require withholding from the taxable portion of your distribution if federal income tax is withheld. Unforeseeable Emergency withdrawals are subject to federal income tax withholding, unless you elect otherwise. You can elect to have no federal income taxes withheld by checking the box below. If you elect out of withholding, you are still responsible for payment of any taxes due, and you may incur penalties if your withholding and/or estimated tax payments are not sufficient. Prudential will assume taxes of 10% of the gross distribution amount for Governmental 457(b) Plans.

- I elect to have federal income tax withheld at 10% from the taxable amount of my distribution.
I elect not to have federal income tax withheld from my distribution.
I elect to have federal income tax withheld from the taxable amount of my distribution at either the following percentage or dollar amount. The federal withholding calculated from your election below must be at least 10% of the taxable amount of my distribution amount.

_____ % or \$ _____ .00

It is our understanding an unforeseeable emergency disbursement is not eligible to be rolled over. Since neither Prudential nor any of its employees, agents or representatives can give legal or tax advice, or financial advice on behalf of your Plan, you are urged to consult your own personal legal, tax and/or financial advisor with any questions on allowances, deductions, or tax credits that may apply to your particular situation before you take any action.



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Election for Withholding of State Income Taxes

A. Mandatory State Withholding: If you reside in a state where state income tax withholding is mandatory AR, CA*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), CT, ME, MI (see below), NC, NE, OK*, OR*, VA or VT* applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.

If you are a resident of IA, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, IA income taxes are required to be deducted for the amount over \$6,000.

- My resident state is AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only) and I do not want state income tax withholding deducted from my distribution.
*My resident state is one of the following: CA, OK, OR, **VT and withholding is required if federal income tax is withheld, unless I elect out of state withholding.
My resident state is CT and Prudential will withhold 6.99% on your taxable distribution.

My resident state is MI and withholding of 4.25% is required, unless my payments are not taxable and I opt out.

- My resident state is MI and I would like to opt out of MI withholding.
My resident state is MI and if my payments are taxable, I wish to have MI state withholding based on the number of exceptions selected.
My resident state is MI and I am requesting % additional MI state tax withheld from my payment.

B. Voluntary State Withholding: Please check the appropriate box below. If state income tax withholding is not mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose a method of withholding that is not offered for your state, we cannot withhold state income tax.

- I reside in one of the following voluntary withholding states: AL, CO, DC (voluntary for partial and systematic distributions), GA, ID, IA (voluntary if no federal tax withheld) IL, IN, KY, LA, MD (non-eligible rollover distributions only), MA (voluntary if no federal income tax withheld), MN, MO, MS (voluntary except for early distributions), MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV (NE and VA state withholding is voluntary for payments from IRA's only) and would like state income tax withheld.
I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.

C. No State Withholding: Some states do not have state income tax withholding.

- My resident state is one of the following: AK, FL, HI, NV, NH, SD, TN, TX, WA, WY and there is no state income tax withholding.
My resident state is AZ and there is no state income tax withholding on non-periodic (single sum) payments.



Request for Unforeseeable Emergency Withdrawal For Governmental Employers Alameda County Deferred Compensation Plan

Payment Options

Please select a payment option below. If no selection is made, a check will be sent via regular mail.

- Regular Mail Express Mail (The cost is \$25 per check. Prudential will deduct \$25 from your account prior to the distribution.)

Please Note: Express mail is not available for delivery to post office boxes.

- Electronic Funds Transfer (EFT).

If you would like your disbursement sent to you via EFT, please provide the information below:

Account Number

Financial Institution Routing/Transit/ABA Number

Type of Account (please choose one):

- Checking

(Must attach a voided check below or include a letter from your financial institution signed by an authorized representative, with your name, checking account number, and ABA routing number.)

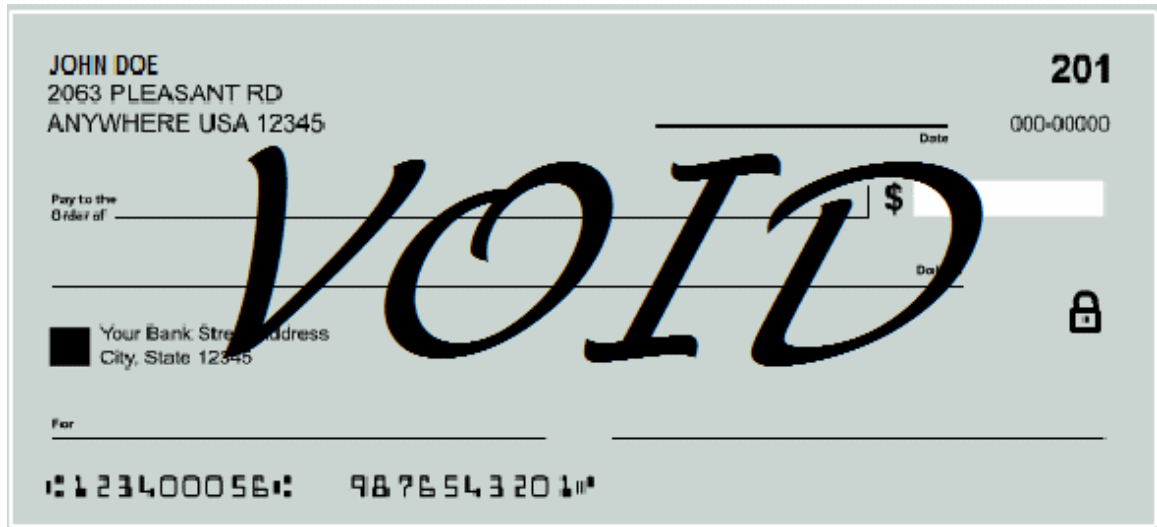
- Savings

(Must include a letter from your financial institution signed by an authorized representative, with your name, savings account number, and ABA routing number.)

IMPORTANT: Your EFT payment may result in a check payable to you if:

- Your voided check or financial institution letter is not included
All of the necessary information is not provided
This section does not apply to your disbursement request

Please Tape Voided Check Here (we are not able to accept starter or pre-printed temporary checks):



I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to my account within 2 business days of being processed.

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.



**Request for Unforeseeable Emergency Withdrawal
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***For Married
Participants**

**Spousal
Waiver**

*(We are unable to
accept a fax copy
notarized with a
raised Seal)*

I am the participant's spouse. I understand that I am entitled to a spousal death benefit under the Plan based on the participant's account balance at the time of his or her death. I realize that the participant cannot obtain a distribution or loan, unless I consent. I acknowledge that the transaction requested by the participant may reduce or eliminate any benefit otherwise payable to me. I voluntarily consent to the participant's distribution/loan request and acknowledge that this will authorize the request.

Spouse's signature **X** _____ Date ____/____/____

(Spouse's signature must be witnessed by a notary public. Spouse and Notary must sign and date the format the same time and on the same date. The dates must match.)

Subscribed and sworn before me this _____ day of _____, the year _____

State of _____ County of _____

(Seal/Stamp)

My commission expires _____

Notary's signature **X** _____



**Request for Unforeseeable Emergency Withdrawal
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**Certification
of Financial
Unforeseeable
Emergency
and
Authorization**

I certify that the information provided on this form and on any attached forms is true, correct, and complete to the best of my knowledge. I authorize representatives of my plan to verify any or all of the information submitted. I acknowledge and agree that any false or misleading information submitted on this form or any attached form may subject me to personal liability. Furthermore, my employer may exercise its rights against me if damaged by false or misleading information I submit, i.e. termination or suspension. I also certify that I am eligible for distribution of funds from the Plan. I am aware this distribution will increase my taxable income for the year. I further certify that this withdrawal is necessary to satisfy the unforeseeable emergency described, that the amount requested is not in excess of the amount necessary to satisfy the emergency need, and the emergency need cannot be satisfied from other resources reasonably available. I have read the entire **Request for Unforeseeable Emergency Withdrawal** form and application.

As a Participant of the above-named plan, I hereby request a distribution in the form indicated above, subject to the terms of my plan. I hereby certify and represent that:

I have exhausted all other resources prior to requesting this Unforeseeable Withdrawal, including but not limited to (a) reimbursement or compensation by insurance or otherwise; (b) liquidation of my assets as long as liquidation of such assets would not itself cause severe financial hardship; and (c) cessation of plan deferrals. I believe, in good faith, that I qualify for this Unforeseeable Emergency Withdrawal. I further certify that the expenses create a severe financial hardship resulting from a sudden illness or accident, loss of property due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of myself or my beneficiary.

I certify that there is no pending Qualified Domestic Relations Order (QDRO), a court judgement, decree or order relating to the provision of child support, alimony, or marital property rights to a spouse, former spouse, child or other dependent with respect to the requested withdrawal amount. I understand that Prudential reserves the right to directly or through a third party recover any payments made in excess of amounts to which I am entitled under the terms of the Plan, regardless of the method of payment.

I have included in this submission the requested documentation that evidences my financial need.

I understand that my request for an unforeseeable emergency withdrawal from my Plan may generally not be revoked once processed.

I understand that I will be responsible for providing evidence to the IRS, if required, to verify my Unforeseeable Emergency Withdrawal reason. I agree to maintain supporting documentation for this unforeseeable emergency withdrawal request and make such documentation available to the IRS, my employer, or Prudential as may be necessary to verify the qualification of the distribution requested.

I understand that even if I decide not to have federal/state income tax withheld, I am still liable for payment of federal/state income tax for any taxable portion of this payment. I may be subject to tax penalties under the estimated tax payment rules if my payment of estimated tax and withholding, if any, is not sufficient to cover my tax liability.

Generally, forms expire after 90 days. I understand that I may be required to complete a new form if all required information and documentation is not received before the expiration date.

Privacy Act Notice:

If your employer engages the services of Prudential Retirement to qualify unforeseeable emergencies on their behalf, this information is to be used by Prudential Retirement in determining whether you qualify for an unforeseeable emergency under your retirement Plan. It will not be disclosed outside Prudential Retirement except as required by your Plan and permitted by law for regulatory audits. You do not have to provide this information, but if you do not, your application for an unforeseen emergency withdrawal may be delayed or rejected.

Consent:

By signing below, I consent to allow Prudential Retirement to request and obtain information for the purposes of verifying my eligibility for a financial hardship under this Plan.

X _____ Date _____

Participant's signature (REQUIRED)



**Request for Unforeseeable Emergency Withdrawal
For Governmental Employers
Alameda County Deferred Compensation Plan**

**Important
Notice to
Participants
Taking an
Unforeseeable
Emergency
Withdrawal**

Federal and State Tax Withholding

The withdrawals you receive from your Plan are subject to Federal Income Tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to Federal Income Tax. If you elect not to have withholding apply to your withdrawal (only applies to Governmental 457(b) Plans), or if you do not have enough Federal Income Tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rule if your withholding and estimated tax payments are not sufficient.

Note that a voluntary withholding election cannot be made involving accounts for which a name and/or taxpayer identification number (TIN) is incorrect or missing. See IRS Publication 1586 for information about mandatory withholding when a participant's (or beneficiary's) TIN is missing or incorrect.

For specific state tax withholding information, refer to the section of the form titled "**Election for Withholding of State Income Taxes.**"

Dependent

The definition of "dependent" is important in the application of the "deemed hardship" withdrawal standards that pertain to plans/programs. Unless a specific exception applies, a dependent must either be a "qualifying child" or a "qualifying relative". These terms are defined as follows:

Qualifying Child

A qualifying child is a child or descendant of a child of the taxpayer. A child is a son, daughter, stepson, stepdaughter, adopted child or eligible foster child of the taxpayer. A qualifying child also includes a brother, sister, stepbrother or stepsister of the taxpayer or a descendant of any such relative. In addition, the individual must have the same primary place of abode as the participant for more than half of the taxable year, the individual must not have provided over half of his own support for the calendar year, and the individual must not have attained age 19 by the end of the calendar year. An individual who has attained age 19 but is a student who will not be 24 as of the end of the calendar year and otherwise meets the requirements above is also considered a qualifying child. Special rules apply to situations such as divorced parents, disabled individuals, citizens or nationals of other countries, etc. Please see your tax advisor for further details regarding special situations.

Qualifying Relative

A qualifying relative is an individual who is not the participant's "qualifying child", but is the participant's: child, descendant of a child, brother, sister, stepbrother, stepsister, father, mother, ancestor of the father or mother, stepfather, stepmother, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law. An individual who is not the participant's spouse but who shares the same primary place of abode and is a member of the participant's household may also be considered a qualifying relative. Regardless of the participant's relationship to the individual, the participant must provide over half of the individual's support for the calendar year for that individual to be considered the participant's qualifying relative. There are special rules for situations such as multiple support agreements, divorced or legally separated parents, custodial and non-custodial parents, etc. Please see your tax advisor for further details regarding special situations.

Primary Beneficiary

A "primary beneficiary under the plan" is a named beneficiary under the plan with a certain unconditional right to all or a portion of the participant's account balance upon the death of the participant

**UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS
MEDICAL EXPENSES**

DEFINITION

Expenses for (or necessary to obtain) medical care -- would be deductible under IRC section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income).

I am requesting this amount due to my (please check one, complete as necessary):

****You must include the required documents for proof of dependency if not for your own expenses**

- Own medical/dental expenses
- Spouse's medical/dental expenses (1st page of your most recent 1040 US income tax return or marriage certificate is required)
- Dependent's medical/dental expenses (Your child's birth/adoption certificate or the 1st page of your most recent 1040 US income tax return is required)

*If your child is **over the age of 18** at the time of service, your most recent 1040 US income tax return is **required**

- Primary Beneficiary (The individual must match the beneficiary information we have on file OR a new Beneficiary Designation must be executed and submitted)
 - If the expenses are for the spouse of your primary beneficiary, you must also provide proof of relationship (1st page of your beneficiary's most recent 1040 US income tax return or marriage certificate) in addition to the Beneficiary Designation form

Dependent's Name _____ Relationship to you _____

Documentation Requirements		
You must submit copies of <u>ALL</u> documentation requirements below or your request will not be approved		
<p>Medical / Non-Routine Dental Expenses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of unpaid medical/dental bill that includes ALL of the following: <ul style="list-style-type: none"> • Statement date within the last 60 days • Name of the medical/dental provider • Patient's name (if you are not the patient, proof of dependency is required, see info above) ** • Date(s) of service • Total charges • Total amount due after insurance is applied <input type="checkbox"/> Proof of insurance by one of the following: <ul style="list-style-type: none"> • Insurance information listed on the itemized medical/dental bill • Explanation of Benefits (EOB) • If you have no insurance, you must submit a signed self-certified letter stating you did not have insurance at the time of service and the services were not for cosmetic reasons. <p>Note:</p> <ul style="list-style-type: none"> ➢ An Explanation of Benefits (EOB) is not considered a bill ➢ A "balance forward" does not qualify without an itemization of charges 	<p>Collection Bill / Court Order:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the unpaid collection bill/ court order that includes the following: <ul style="list-style-type: none"> • Statement date within the last 60 days • Medical/dental provider's name • Total amount due <input type="checkbox"/> Itemized bill from the medical/dental provider that includes the following: <ul style="list-style-type: none"> • Patient's name (if you are not the patient, proof of dependency is required, see info above) ** • Date(s) of service • Total charges <input type="checkbox"/> Proof of insurance by one of the following: <ul style="list-style-type: none"> • Insurance information listed on the itemized medical/dental bill • Explanation of Benefits (EOB) • If you have no insurance, you must submit a signed self-certified letter stating you did not have insurance at the time of service and the services were not for cosmetic reasons. <p>Note:</p> <ul style="list-style-type: none"> ➢ Must be able to match the itemized bill with the collection bill/court order 	<p>Treatment Plan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of a treatment plan on the medical/dental provider's letterhead that includes ALL of the following: <ul style="list-style-type: none"> • Statement date within the last 60 days • Name of the medical/dental provider • Patient's name (if you are not the patient, proof of dependency is required, see info above) ** • Total amount of the procedure • Estimated amount insurance will cover • Amount due by patient after insurance portion is paid • A statement specifying "<u>the payment is due at time of service</u>" • Signature and title from a medical/dental provider representative

Certification of Unforeseen Dental Expenses

Plan Number (with Prudential):

Participant's name:

Participant's Social Security Number:

Eligibility:

Dental expenses do not qualify for an unforeseeable emergency withdrawal unless they were unforeseen.

Unforeseen Expenses that **MAY** Qualify:

- Sudden and/or unexpected
- Condition not previously diagnosed or treated
- Medically necessary
- Due to illness or injury

Expenses that do **NOT** Qualify:

- Routine dental (ex: teeth cleaning, cavity filling, etc.)
- Elective or cosmetic
- Orthodontia
- Preventative care

TO BE COMPLETED BY THE DENTAL OFFICE:

I certify that the dental expenses for _____ are not routine and are required due to an unforeseen event.
(Patient's name)

(Signature of dental office representative)

(Title)

(Date)

Mail or fax this document back to:

Regular Mail to:

OR

Express Mail to:

OR

Fax to:

Prudential Retirement
PO Box 5410
Scranton, PA 18505-5410

Prudential Retirement
30 Scranton Office Park
Scranton, PA 18507-1789

1-866-439-8602

**UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS
PAYMENTS TO PREVENT EVICTION OR FORECLOSURE**

DEFINITION

Expenses necessary to prevent the eviction of the employee or imminent foreclosure on the mortgage from the employee's principal residence.

Documentation Requirements	
You must submit copies of <u>ALL</u> documentation requirements below or your request will not be approved	
<p>Imminent Foreclosure- Mortgage loan, home equity loan, homeowner's association fees or maintenance fees:</p> <p><input type="checkbox"/> Copy of the foreclosure notice on financial institution's letterhead or a Court Order that must include ALL of the following:</p> <ul style="list-style-type: none"> • Foreclosure notice/Court Order dated within the last 60 days • Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) • Statement that you are in a foreclosure proceeding or judgment • Property address (if address on documentation does not match address on file with Prudential, see info below) ** • Total amount due to prevent foreclosure (specific months for which the payment is due may be required) • Future date that the mortgage payment(s) is/are due to prevent imminent foreclosure <p>Note:</p> <p>➤ A foreclosure notice that lists the following verbiage does not qualify: may or could foreclose, loan may be accelerated, reinstate your loan, etc.</p>	<p>Imminent Foreclosure- Delinquent property taxes:</p> <p><input type="checkbox"/> Copy of delinquent property taxes due on the county tax office's letterhead that must include ALL of the following:</p> <ul style="list-style-type: none"> • Notice dated within the last 60 days • Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) • Statement that you are in foreclosure or sale of property will occur • Property address (if address on documentation does not match address on file with Prudential, see info below) ** • Total amount due to prevent the foreclosure/sale of property • Future date that the delinquent property taxes are due to prevent foreclosure/sale
<p>Imminent Foreclosure- Chapter 7 or Chapter 13 Bankruptcy:</p> <p><input type="checkbox"/> Foreclosure documentation (as stated above)</p> <p><input type="checkbox"/> Granted Relief from Automatic Stay from the bankruptcy court, signed by the judge</p>	<p>Imminent Foreclosure-Land Contract/Installment Agreement:</p> <p><input type="checkbox"/> Copy of the original contract/agreement, listing ALL of the following:</p> <ul style="list-style-type: none"> • Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) • Property address • Payment schedule • Signature from both the buyer and the seller <p><input type="checkbox"/> Letter from the seller listing ALL of the following:</p> <ul style="list-style-type: none"> • Letter dated within the last 60 days • Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) • Property address • Total amount due to prevent imminent foreclosure • Future due date this amount must be paid by • Signature from the seller
<p>Eviction:</p> <p><input type="checkbox"/> Copy of the eviction notice or court document that must include ALL of the following:</p> <ul style="list-style-type: none"> • Eviction notice/court document dated within the last 60 days • Your first and last name (or the address facing eviction must match your address we have on record) • Property address (if address on documentation does not match address on file with Prudential, see info below) ** • Total amount due to prevent eviction • Future date that the rent is due by in order to prevent eviction • Specific month(s) for which the rent/payment is due • Landlord's contact information (phone number and/or address) • Landlord's signature and TITLE (Ex: landlord, property manager, homeowner, etc.) 	

****If your address on file with Prudential does not match the address of your principal residence on the eviction or foreclosure notice, please provide ONE of the following as proof of your principal residence:**

- Copy of your valid driver's license showing your principal residence
- Copy of any bill (dated within the last 60 days) showing your principal residence

**UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS
FUNERAL/BURIAL EXPENSES**

DEFINITION

Payments for burial/funeral expenses.

I am requesting funeral expenses for my (please check one):

****You must include the required documents for proof of relationship/dependency**

- Spouse
- Child
- Dependent
- Primary Beneficiary

Decedent's Name _____ Relationship to you _____

Documentation Requirements

You must submit copies of ALL documentation requirements below or your request will not be approved

Funeral Expenses:

- Copy of the **unpaid** bill on the company's letterhead (ex: funeral home, floral shop, casket retailer, etc.)
 - Statement date within the last 60 days
 - Name of the company
 - Name of the decedent
 - Total amount due
 - Indicate that you are responsible for payment (if your spouse's name is listed, proof of relationship is required, ex: marriage certificate)

- Proof of Death. We can accept one of the following documents:
 - Copy of the death certificate
 - Letter from the hospital or funeral home on their business letterhead. The letter must be signed & titled by a representative at the facility
 - Report of death from the funeral home
 - Copy of the obituary

- Proof of Relationship to the decedent. We can accept the following documentation:
 - Copy of your birth/adoption certificate, listing the decedent as your parent
 - First page of your most recent 1040 US income tax return, listing the decedent as a dependent
 - Copy of your marriage certificate, listing the decedent's name as your spouse
 - Copy of the decedent's birth/adoption certificate, listing you as a parent
 - Copy of the death certificate identifying your relationship
 - Primary Beneficiary (The individual must match the beneficiary information we have on file. If not currently on file, please provide a copy).
 - If the expenses are for the spouse of your primary beneficiary, you must also provide proof of relationship (1st page of your beneficiary's most recent 1040 US income tax return or marriage certificate) in addition to the Beneficiary Designation form

**UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS
REPAIR OF DAMAGE TO THE EMPLOYEE'S PRINCIPAL RESIDENCE THAT QUALIFIES FOR A CASUALTY DEDUCTION**

DEFINITION

Expenses for the repair of damages to the employee's principal residence due to casualty or natural disaster. A casualty is the damage, destruction, or loss of property resulting from an identifiable event that is sudden, unexpected, or unusual.

Documentation Requirements
You must submit copies of ALL documentation requirements below or your request will not be approved
<p><input type="checkbox"/> Copies of unpaid invoices and/or contracts that must include ALL of the following:</p> <ul style="list-style-type: none">• Invoice and/or contract date within the last 60 days• Name of the contractor or company• Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)• Property address (if address on documentation does not match address on file with Prudential, see info below) **• Itemization of the repair(s)• Total amount due <p>Note: We CANNOT accept an estimate of these charges</p> <p><input type="checkbox"/> Evidence of the Casualty (damage caused by progressive deterioration does not qualify). Please submit:</p> <ul style="list-style-type: none">• Pictures and/or newspaper article as evidence• A signed letter from you detailing the casualty event that caused the loss, the date of loss (must have occurred within the last 12 months) and include the property address that sustained the loss <p>Note: The damage must have occurred to your principal residence (home). Damage to furniture, personal belongings, outbuildings/sheds, etc. do not qualify.</p> <p><input type="checkbox"/> Copy of the insurance claim from your insurance company verifying what portion, if any, is covered by insurance (Please note: Damages caused by progressive deterioration do not qualify)</p> <ul style="list-style-type: none">○ If you do not have homeowner's insurance, you must submit a self-certification letter stating that you did not have insurance at the time of the loss. The letter must be signed by you.

****If your address on file with Prudential does not match the address of your principal residence listed on the invoices, please provide ONE of the following as proof of your principal residence:**

- Copy of your valid driver's license showing your principal residence
- Copy of any bill (**dated within the last 60 days**) showing your principal residence

I am requesting this amount because of damages that were caused to my principal residence due to:

- Fire
- Storm (including but not limited to hurricanes, tornadoes, heavy snow, ice, heavy rain, and flooding)
- Shipwreck
- Theft

Description of the Casualty event that caused the loss:

A casualty loss is defined as a sudden, unusual or unexpected event resulting in an uninsured loss. Causes of such rapid losses include flood, fire, earthquake, wind damage, water damage, theft, accident, vandalism, hurricane, tornado, riot, shipwreck, snow, rain and ice. To be deductible, a casualty loss must occur quickly, usually instantly or over a few days. Slow losses that occur over months or years, such as mold damage, dry rot, moth or termite damage, or normal home maintenance to repair or replace windows, roofs or plumbing generally are not tax-deductible, and therefore do not qualify for a financial Hardship.

The participant can only qualify for an unforeseeable emergency withdrawal for this reason when there is a casualty loss to their principal residence that arose from fire, storm, shipwreck, or some other casualty, or from theft. Only the portion of the expense that is not covered by insurance is eligible for this purpose.

**UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS
LOSS OF INCOME DUE TO DISABILITY**

DEFINITION

Payment for loss of income for you, your spouse, your primary beneficiary or the dependent of your primary beneficiary. Loss of Income can be approved for partial or total loss due to disability. Suspension, sick leave, furlough, jury duty or overtime does **not** qualify.

I am requesting this amount due to the loss of income for:

****You must include the required documents for proof of relationship / dependency if the loss of income is not for yourself**

- Myself
- My spouse (1st page of your most recent 1040 US income tax return or marriage certificate is required)
- My primary beneficiary (This must match the beneficiary information we have on file OR a new Beneficiary Designation must be executed and submitted)
 - If the expenses are for a dependent of your primary beneficiary, you must also provide proof of dependency (1st page of your beneficiary's most recent 1040 US income tax return) in addition to the Beneficiary Designation form

Documentation Requirements

You must submit copies of ALL documentation requirements below or your request will not be approved

- Letter from the employee's Human Resources Coordinator that includes ALL of the following information:
 - Company letterhead of the employer
 - Date of the letter (must be dated within the last 60 days)
 - Breakdown of paid versus unpaid dates
 - The date the leave started and the expected date of return
 - Average number of hours completed in one week
 - Average weekly gross salary
 - Whether the employee is eligible or ineligible for disability and/or worker's compensation
 - If the employee is eligible, the breakdown of the amount or percent of pay is required
 - Signature and title of the human resources representative providing the letter
 - Contact information for the person signing the letter
- Verification of the employee's disability. We can accept one of the following:
 - Signed letter from the Human Resources Coordinator verifying the disability, OR
 - Signed statement from the employees' doctor verifying the disability
- Copy of the employee's paystub from the period the loss began. This must show the following information (as applicable):
 - Disability pay
 - Worker's compensation
 - Other supplemental income