Unforeseeable Emergency Withdrawal Request
Governmental 457(b) Plan

ALAMEDA COUNTY 457(B) DEFERRED COMPENSATION PLAN **525127-01**

When would I use this form?

When I am requesting a withdrawal due to an Unforeseeable Emergency.

- *Please note that this withdrawal request may be subject to an administrative review period prior to processing and the investments in your account will not be sold until the withdrawal is processed. The administrative review period may take several business days. Note that your investments may fluctuate with market performance so you may want to redirect or diversify those investments prior to making a withdrawal request. If you initiate a fund transfer during the administrative review period, it may delay the processing of your withdrawal. If you want to make changes to the investments in your account prior to withdrawal, please contact Service Provider or access your account online.*

I should not use this form:

- *If I have separated from employment with the employer/company sponsoring this Plan, I should use the Separation from Employment Withdrawal Request.*
- *If I am eligible to request an in-service withdrawal from my Plan, I should use the In-Service Withdrawal Request.*
- *If this account was transferred to me due to death, I should use the Death Benefit Claim Request.*
- *If this account was transferred to me due to divorce, I should use the Alternate Payee QDRO Distribution Request.*

Additional Information:

- *By logging into my account on the website at alamedacountydcp.com, I may track the status of this withdrawal request.*
- *For assistance completing this hardship form, call us at 1-866-442-3888.*
- *Return Instructions for this form are in Section H.*
- *Use black or blue ink when completing this form.*

A What is my personal information?

(Continue to the next section after completing.)

Account extension, if applicable, identifies a participant with multiple accounts.

Account Extension

U.S. Social Security/U.S. Taxpayer Identification Number
(Must provide all 9 digits)

Last Name First Name M.I.
(The name provided MUST match the name on file with Service Provider.)

Date of Birth *(mm/dd/yyyy)* ***Required***

Daytime Phone Number

Alternate Phone Number

❑ *(Optional)* I authorize Service Provider to leave detailed account information on my voicemail at my: *(Select One)*

❑ Daytime Phone Number

❑ Alternate Phone Number

Confirm number selected is entered above.

Mailing Address on My Account

City State Zip Code

- I have confirmed the address on my account by accessing my account online at alamedacountydcp.com. If the address on my account does not match the address provided above, there will be processing delays.
- If I require an address change, I must update my address with my employer who will then need to update the address Service Provider has on file.
- Once the address is updated, I may submit this form with my new address entered above.

Department/Division/Payroll Center

By providing my mobile number and/or my email address below, I am consenting to receive text messages and/or emails related to this request.

Mobile Phone Number - *Standard data fees and text messaging rates may apply based on my carrier.*

Email Address

STOP

Select One (Required):

❑ I am a U.S. Citizen or U.S. Resident Alien.

❑ I am a Non-Resident Alien or Other. *(Complete 'Non-Resident Alien or Other Certification' section.)*
Required - Provide Country of Residence: ______________________

B What is my reason for this Unforeseeable Emergency withdrawal?

(Continue to the next section after completing.)

To support my request, I must complete the enclosed Application for Unforeseeable Emergency Withdrawal Request and attach documentation.

❑ Illness or accident *(including a spouse or dependent)*
- Withdrawal is intended for loss of income due to illness or accident involving you, your spouse, or a dependent.
- **Required Documentation:**
  - A doctor's statement indicating required time-off of work due to illness or accident.
  - Copies of payroll statement showing the pay rate before and after the illness or accident.

❑ Loss of property due to casualty *(including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g., as a result of a natural disaster)*
- Withdrawal is intended for expense from damage to your personal property. This includes fire, storms, or destruction of a sudden and unusual nature not covered by insurance. Withdrawal is not intended to cover damages from normal wear and tear.
- **Required Documentation:**
  - Copies of invoices and/or receipts showing the costs to repair after taking into account any reimbursement from the insurance company.
  - A statement from the insurance company showing the date of loss, cause and amount covered by insurance.

Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond your control such as:

❑ Imminent foreclosure of, or eviction from the participant's or beneficiary's principal residence. By checking this box, I certify that there is no legal proceedings that can prevent foreclosure or eviction.
- Withdrawal is intended to prevent a foreclosure or eviction from your or your beneficiary's principal residence.
- **Required Documentation:**
  - A foreclosure or evictione notice from the bank, credit union, lender, landlord, or servicer of the mortgage which references the address of your principal residence and reflects the amount and date due to avoid foreclosure or eviction so you will be allowed to stay in the property.

❑ Medical expenses, including nonrefundable deductibles, as well as the cost of prescription drug medication
- Withdrawal is intended for medical expenses incurred by you, your spouse, dependents, or primary beneficiaries not covered by your insurance. Eligible expenses include diagnosis, treatment, disease prevention, associated transportation, or long term care.
- **Required Documentation:**
  - An itemized bill/invoice from a health care provider issued within the last year detailing qualifying medical expenses such as diagnosis, treatment, or long-term care.
  - An explanation of benefits from your insurance company detailing coverage and medical expenses not covered.

❑ Funeral expenses of a spouse or dependent *(as defined in Internal Revenue Code ("IRC") §152(a) without regard to §152(b)(1), (b)(2) and (d)(1)(B))* of a participant or beneficiary.
- Withdrawal is intended for funeral or burial expenses for deceased parent(s), spouse(s), child, dependent(s), or named primary beneficiaries.
- **Required Documentation:**
  - A death certificate or other documentation detailing the deceased's date of passing.
  - Copies of invoices or receipts from a funeral home or cemetery referring to the deceased's funeral and burial expenses with the date.

Unforeseeable Emergency Withdrawal for my Beneficiary

❑ I am requesting a withdrawal due to an unforeseeable emergency experienced by my beneficiary. If my Plan allows it, I must check this box along with checking one of the reasons above and provide financial information, statements and supporting documentation for my beneficiary in addition to my own financial information, statements and supporting documentation.

C What amount am I requesting for my Unforeseeable Emergency withdrawal?

(Continue to the next section after completing.)

Amount $______________ ❑ Net Amount

If I check the Net Amount box, the amount written on the line, is the amount I will receive after applicable income taxes and fees *(not including any delivery charges)* are withheld.
- For example: If the amount I am requesting is $10,000.00, and my total tax/fee withholding is $1,500.00, the total amount taken from my account will be $11,500.00, resulting in a payment of $10,000.00 to me.

If I do not check the Net Amount box, the amount I will receive will be less than the amount requested after applicable income taxes and fees *(not including any delivery charges)* are withheld.
- For example: If the amount I am requesting is $10,000.00, and my total tax/fee withholding is $1,500.00, the total amount taken from my account will be $10,000.00, resulting in a payment of $8,500.00 to me.

- I must specify the amount that will satisfy my unforeseeable emergency.
- The amount approved cannot exceed the amount demonstrated in the supporting documentation, plus taxes.
- **If my request is approved, and unless the Plan has directed otherwise, the unforeseeable emergency withdrawal will be prorated across all available money sources and investment options.**
- **My withdrawal may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service Provider for a withdrawal quote at 1-855-WOW-457B.**

D How do I want my Unforeseeable Emergency withdrawal delivered?

(Continue to the next section after completing.)

Select One - Once complete request is received in good order with applicable documentation, delivery of payment is based on completion of the withdrawal process and the timing of approval.

- **If no option is selected, all transactions will be sent by United States Postal Service (USPS) regular mail.**
- **If I would like to make a change to what I previously selected, I must cross out and initial the change(s). If I do not initial all changes, all transactions will be sent by USPS regular mail.**

D How do I want my Unforeseeable Emergency withdrawal delivered?

(Continue to the next section after completing.)

Select One - Once complete request is received in good order with applicable documentation, delivery of payment is based on completion of the withdrawal process and the timing of approval.

❑ **Check by USPS Regular Mail**
- Estimated delivery time is up to 5 business days.
- No additional charge.

❑ **Check by Express Delivery**
- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to $50.00 will be deducted, in addition to any withdrawal fees.
- Available for delivery, Monday - Friday, with no signature required upon delivery.
- If address is a P.O. Box, check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.

❑ **Electronic Deposit (ACH) to the bank account on file**
- I have an existing ACH that has been on file for at least fifteen (15) days and I wish to use it for this withdrawal request. If my ACH has not been established on my account for at least 15 days, a check will be sent to my address on file. Please login to your account and verify banking information.
- Estimated delivery time is 2-3 business days.
- No additional charge.
- Not available for Direct Rollovers.
- Complete the information below in order to properly identify the ACH account.
- **If the bank information is incomplete or illegible, then a check will be mailed to the address on my account to avoid any delays in processing.**
- **By entering banking information, I authorize Service Provider to access records from public and proprietary sources in order to validate that I am the owner of the bank account. This process will not affect my credit.**

Bank Information			
Bank Account Nickname *(Optional)*		Bank or Financial Institution Name	
Last 4 digits of the Bank Account Number			

E Non-Resident Alien or Other Certification

Complete only if I indicated I am a non-resident alien or other under Section A of this form.

(Continue to the next section after completing.)

Do not complete if U.S. Citizen or U.S. Resident Alien was indicated in Section A of this form.

Under penalty of perjury, if I checked Non-Resident Alien or Other in Section A of this form, my signature certifies that:
- I am the individual that is the beneficial owner of all the income to which this form relates or is using this form to document myself for chapter 4 purposes.
- I am not a U.S. person.
- The income to which this form relates is:
  a. not effectively connected with the conduct of a trade or business in the United States,
  b. effectively connected but is not subject to tax under applicable income tax treaty, or
  c. the partner's share of a partnership's effectively connected income.
- I am a resident of the treaty country listed below under the "Claim of Tax Treaty Benefits" (if any) within the meaning of the income tax treaty between the United States and that country.
- I agree that I will submit a Form W8-BEN within 30 days if any certification made on this form becomes incorrect.

Identification of Beneficial Owner

Country of citizenship ______________________ Foreign tax identifying number ______________________

Permanent resident address *(street, apt. or suite no., or rural route)* **Do not use P.O. Box or in-care of address**

City or town, state or province. Include postal code where appropriate. Country

Mailing Address *(if different from above)*

City or town, state or province. Include postal code where appropriate. Country

Claim of Tax Treaty Benefits *(for chapter 3 purpose only)*

I certify that the beneficial owner is a resident of ________________________ within the meaning of the income tax treaty between the United States and that country.

Special rates and conditions (if applicable): The beneficial owner is claiming the provisions of Article and paragraph _______________ of the treaty identified on the line above to claim a _____% rate of withholding on (specify type of income):

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:

F **How will my income taxes be withheld?** *(Continue to the next section after completing.)*

I must attach IRS Form W-4R and/or my State Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, or in the event my withholding election(s) below are left blank or do not comply with the applicable Federal and State Regulations, Service Provider will withhold in accordance with applicable Federal and State regulations.

Federal Income Tax

- For your federal income tax withholding election, **the default withholding rate is 10%.** You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you cannot choose less than 10% for payments to be delivered outside the United States and its possessions.

  ❑ I elect not to have federal income tax withheld (must have U.S. residence address on file).
- I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.
- Complete the line below if you would like a rate of withholding that is different from the default withholding rate. See instructions on page 2 of the IRS Form W-4R found on **irs.gov** and the Marginal Rate Tables below for additional information.
- Enter the rate as a whole number (no decimals).

  ________________%

I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalities under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

2025 Marginal Rate Tables (https://www.irs.gov/pub/irs-pdf/fw4r.pdf)

You may use these tables to help you select the appropriate withholding rate for this withdrawal. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding.

Single or Married filing separately		**Married filing jointly or Qualifying surviving spouse**		**Head of household**	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
15,000	**10%**	30,000	**10%**	22,500	**10%**
26,925	**12%**	53,850	**12%**	39,500	**12%**
63,475	**22%**	126,950	**22%**	87,350	**22%**
118,350	**24%**	236,700	**24%**	125,850	**24%**
212,300	**32%**	424,600	**32%**	219,800	**32%**
265,525	**35%**	531,050	**35%**	273,000	**35%**
641,350*	**37%**	781,600	**37%**	648,850	**37%**

*If married filing separately, use $390,800 instead for this 37% rate.

State Income Tax

I should refer to information from the Department of Revenue for my state of residence. If applicable, **I must attach my State Income Tax withholding form to make tax elections when required.** In the event the withholding form is required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable State regulations.

- State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below.

  I would like **additional** State Income Tax withholding:

  ________________% or $________________

  (This is in addition to any mandatory State Income Tax withheld.)
- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I elect otherwise below.

  If the checkbox is not marked below, I choose to have State Income Tax withheld from my withdrawal. I would also like to have **additional** State Income Tax withholding:

  ________________% or $________________

  (This is in addition to any elective State Income Tax withheld.)

  ❑ Do not withhold State Income Tax *(if election is permitted and I have attached the proper election form if required by my state).*
- Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding.

  ❑ I would like State Income Tax withheld - **Optional** State Income Tax withholding:

  ________________% or $________________

  (If this optional income tax election is permitted. I also have attached the proper income tax election form if required by my state to elect this optional withholding.)

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Last Name	First Name	M.I.	U.S. Social Security Number	Number

G **My Consent** *(Please sign on the 'My Signature' line below.)*

I acknowledge that I have received, read, understand and agree to all pages of this Unforeseeable Emergency Withdrawal Request form and affirm that all information that I have provided is true and correct. I understand the following:

- Any election on this Unforeseeable Emergency Withdrawal form is made voluntarily and is effective for 180 days.
- I am requesting a withdrawal due to an unforeseeable emergency within the meaning of Section 457 of the Code and my Section 457(b) Plan.
- The Plan has authority to approve or reject my request.
- Supporting documentation must be provided to substantiate my unforeseeable emergency withdrawal request.
- I have read, completed, and attached my Unforeseeable Emergency Withdrawal Application with this request.
- Under penalty of perjury, I certify that the information provided by me on this withdrawal request, application and supporting documentation, is true and accurate.
- I have obtained all available withdrawals, other than unforeseeable emergency withdrawals, 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, liquidations 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 withdrawal may be limited under the terms of the plan and can never exceed my vested account balance.
- I am liable for any income tax and/or penalties assessed by the IRS and/or state tax authorities for any election I have chosen.
- I certify that the requested hardship is on behalf of myself, my spouse, dependent, child, named primary beneficiary or deceased parent, as permitted under the terms of the plan for the hardship reason I have provided on this form.
- Once a payment has been processed, it cannot be changed or reversed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.
- Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held 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 the U.S. Social Security number or U.S. Taxpayer Identification number I have provided in Section A is correct. I am a U.S. person if I marked the U.S. Citizen or U.S. Resident Alien box in Section A of this form.
- **Additional authentication may be necessary before my withdrawal is processed and/or payment released.**

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

My Signature ______________________________ **Date *(Required)*** ______________

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

H **Where should I send this form?**

After all signatures have been obtained, this form can be

Uploaded Electronically:	**OR**	**Sent Regular Mail to:**	**OR**	**Sent Express Mail to:**
Login to account at **alamedacountydcp.com** Click on Upload Documents to submit		Empower PO Box 56025 Boston, MA 02205-6025		Empower 8515 E. Orchard Road Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Empower Financial Services, Inc., (EFSI). Both are Empower companies and each organization is solely responsible for its financial condition and contractual obligations. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at $1 or $10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.

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UNFORESEEABLE EMERGENCY WITHDRAWAL APPLICATION and GUIDELINES

These guidelines provide general information with respect to the requirements imposed by the Internal Revenue Service on a Participant's ability to receive a distribution based upon an unforeseeable emergency. To the extent that the provisions of these instructions differ in any respect from the terms of the Plan or current or future federal laws and regulations governing unforeseeable emergency withdrawals, the terms of the plan document and applicable federal laws and regulations will control.

My Section 457(b) Plan permits unforeseeable emergency withdrawals only to the extent I demonstrate to the satisfaction of the Plan that the reason for such withdrawal complies with applicable requirements under the Internal Revenue Code and the Plan. I can only request an unforeseeable emergency withdrawal if my situation warrants such request and I have sufficient documentation to support it.

An unforeseeable emergency is defined in the Treasury Regulations as a severe financial hardship of the participant or beneficiary resulting from one of the following:

1. An illness or accident of the participant or beneficiary, participant's or beneficiary's spouse, or participant's or beneficiary's dependent (as defined in the Internal Revenue Code under section 152 without regard to sections 152(b)(1), (b)(2) and (d)(1)(B));
2. Loss of 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, e.g., as a result of a natural disaster); or
3. Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or the beneficiary, such as:
   a. The imminent foreclosure of or eviction from the participant's or beneficiary's primary residence;
   b. The need to pay for medical expenses, including nonrefundable deductibles, as well as the cost of prescription drug medication; or
   c. The need to pay for burial or funeral expenses for a spouse or a dependent (as defined in the Internal Revenue Code under Section 152 without regard to sections 152(b)(1), (b)(2) and (d)(1)(B)) of a participant or beneficiary.

However, my Section 457(b) Plan may define an unforeseeable emergency differently. It is my responsibility to check with Service Provider prior to requesting a withdrawal due to an unforeseeable emergency of my beneficiary.

Withdrawals will not be allowed in cases where a participant had significant control and failed to exercise prudent judgment as to the cause of the emergency. Typically, the following are examples of situations considered non-eligible for an unforeseeable emergency withdrawal: payment of college tuition, purchase of real estate, payment of an elective medical or dental procedure, a payment of ordinary living expenses such as mortgage, auto payment and utilities, payment of loans, payment of taxes, interest or penalties, personal bankruptcy, unless it results directly and solely from an illness, casualty loss or other similar extraordinary and unforeseeable circumstance; or marital separation or divorce.

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 me are taken into consideration. An unforeseeable emergency withdrawal will not be paid to the extent that the financial hardship is or may be relieved through reimbursement or compensation from insurance or otherwise, by cessation of deferrals under the Plan, by liquidation of other assets (including the assets of my spouse and minor children that are reasonably available to me) to the extent that this liquidation would not itself cause a severe financial hardship, or by any other means available to me. In addition, prior to requesting this unforeseeable emergency withdrawal I may be required to receive all available distributions (other than unforeseeable emergency distributions), and all available non taxable loans, from this and all other plans maintained by my employer (including a related employer), and may be required to suspend any elective deferrals to this Plan and other plans maintained by my employer.

If I have made a good faith effort to satisfy my need for emergency funds through all available resources, if my situation complies with each of the above requirements, and if I have exhausted all other resources, I may apply for an unforeseeable emergency withdrawal by completing the attached forms. The forms are designed to provide information regarding the nature of my "unforeseeable emergency", and to determine if I have other appropriate financial resources available to alleviate the severe financial hardship. Without such evidence, my request cannot be considered. I must fill out all forms completely.

In the event that my request for an unforeseeable emergency withdrawal is approved, I may be subject to a deferral (*contribution*) suspension period after my unforeseeable emergency withdrawal is paid to me.

If my request is granted, the unforeseeable emergency distribution is subject to ordinary income tax and taxes will be withheld from the amount distributed. If I elect not to have federal income tax withheld or if I do not have enough federal or state income tax withheld from my distribution, I may be responsible for payment of estimated tax. I may incur penalties under the estimated tax rules if my income tax withholding and estimated tax payments are not sufficient.

Any Participant or his or her duly appointed representative who intentionally submits misleading or fabricated information on the application for an unforeseeable emergency withdrawal will be held liable and may lead to appropriate legal action.

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Last Name	First Name	M.I.	Social Security Number	Number

Unforeseeable Emergency Withdrawal Application

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

My Name: ____ SSN: ____________________________________

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

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

I must provide an explanation of the NATURE AND CAUSES of the unforeseeable emergency. I must be as specific as I can, including relevant dates. I may attach additional sheets if necessary.

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____

2. I must list the expenses that caused my unforeseeable emergency that are not reimbursable through insurance or otherwise. I must attach a copy of each outstanding bill to document this amount:

Qualifying Expense(s) - Bill(s) owed to:	Date/Date of Service:	Amount:
		$
		$
		$
		$
		$
	TOTAL:	**$**

If my request for an unforeseeable emergency withdrawal is on behalf of my beneficiary, in addition to my information, I am required to provide my beneficiary's Financial Statements, Checklist and supporting documentation.

3. I cannot satisfy this emergency with insurance proceeds because: *(check one)*

- ❑ I do not have insurance. *(Check all that apply)*
  - ❑ Medical/Dental insurance
  - ❑ Homeowner's insurance
  - ❑ Life insurance
  - ❑ Other
- ❑ Insurance is not available to cover my situation or the entire portion of the expense.
- ❑ Insurance refuses to pay or coverage is not available. *(I must supply supporting documentation, such as a letter from the insurer.)*

4. I must list the names and address of all financial institutions I contacted regarding a loan to meet my financial needs.

Name and Address of Financial Institution(s)	**Approved/Denied**

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Financial Statements

I must provide the following detailed information. **INCOMPLETE FORMS WILL BE REJECTED.**

If my request for an unforeseeable emergency withdrawal is on behalf of my beneficiary, in addition to my information, I am required to provide my beneficiary's Financial Statements, Checklist and supporting documentation.

A. Assets

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

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

B. Income -

I must list all sources of income and attach a copy of my most recent tax return.

		Monthly Income	
1.	My gross income from work	$ ____________	❑ N/A
2.	My spouse's gross income from work	$ ____________	❑ N/A
3.	Rental income	$ ____________	❑ N/A
4.	Dividends, interest, etc.	$ ____________	❑ N/A
5.	Business income	$ ____________	❑ N/A
6.	All other income *(such as alimony, child support, etc.)*	$ ____________	❑ N/A
	Source: ____________	$ ____________	❑ N/A
	Source: ____________	$ ____________	❑ N/A
	TOTAL Monthly Income	**$** ____________	

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Last Name	First Name	M.I.	Social Security Number	Number

C. Expenses/Liabilities - I must list all debts.

a) Long Term Debts: *(Such as mortgage(s), car payments, personal loans, etc.)*

Creditor	Purpose	Unpaid Balance	Monthly Payment
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		TOTAL	**$**

b) Charge Cards and Accounts:

Bank/Creditor	Credit Limit	Present Balance	Monthly Payment
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
		TOTAL	**$**

c) Monthly Expenses:

	Monthly Payment
1. Rent *(List Mortgage Amount(s) in Long Term Debt(s) above)*	$
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	**$**
TOTAL Monthly Income *(from previous page)*	**$**
Subtract (-) **TOTAL Monthly Expenses** *(from a, b & c above)*	**$**
Equals (=) **Net Monthly Income/Loss**	**$**

Participant Acknowledgement 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 (Required)** *(mm/dd/yyyy)* ____/____/____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant Unforeseeable Emergency Withdrawal Guide - Governmental 457(b)

The Unforeseeable Emergency Withdrawal Request

Before completing the form, please note the following information:

- All pages of the Unforeseeable Emergency Withdrawal Request form ("Withdrawal Form") and Unforeseeable Emergency Withdrawal Application must be returned.
- Neither this Guide nor this Withdrawal Form are intended to provide tax or legal advice. In the preparation of this Withdrawal Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- **I must attach all supporting documentation to my request.**
- **I must complete a separate Withdrawal Form for each account or plan number.**
- **If I am eligible to request an in-service withdrawal from my Plan, I should use the In-Service Withdrawal Request.**
- **If I am a Beneficiary, I need to complete and submit a Death Benefit Claim Request form rather than this Withdrawal Form.**
- **If I am an Alternate Payee, I need to complete and submit an Alternate Payee QDRO Distribution Request rather than this Withdrawal Form.**

Changes to My Request

- Any changes to this Withdrawal Form must be crossed out and initialed. If I do not initial all changes, this Withdrawal Form may be returned to me for verification.

Incomplete or Inaccurate Information

- In the event that any section of this Withdrawal Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Withdrawal Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

Section A: What is my personal information?

- All information in this section must be completed.
- The name provided MUST match the name on file with Service Provider.
- Personal information will be kept confidential.
- If I am a Non-Resident Alien, refer to the 'Non-Resident Alien or Other Certification' section of this Guide.
- I have confirmed the address on my account by accessing my account online at alamedacountydcp.com. If the address on my account does not match the address provided in this section, there will be processing delays.
- If I require an address change, I must update my address with my employer who will then need to update the address Service Provider has on file.
- Once the address is updated, I may submit this form with my new address entered in this section.

Section B: What is my reason for this Unforeseeable Emergency withdrawal?

- I must choose the reason for my unforeseeable emergency withdrawal in this section and attach the corresponding required documentation in order for my request to be processed.
- My Section 457(b) Plan permits unforeseeable emergency withdrawals only to the extent that I demonstrate, to the satisfaction of the Plan, that the reason for such withdrawal complies with applicable requirements under the Internal Revenue Code and the Plan.
- I can only request an unforeseeable emergency withdrawal if I find that my situation warrants such request and I have sufficient documentation to support it.

Section C: What amount am I requesting for my Unforeseeable Emergency withdrawal?

Available contribution source(s) for my Unforeseeable Emergency withdrawal:

- IRR1 PRE TAX NON 457 ROLLOVER- IRA ROLLOVER
- REM1 IN PLAN ROTH COUNTY CONTRIBUTIONS
- QPR1 PRE TAX NON 457 ROLLOVER- 401 ROLLOVER
- RBT1 IN PLAN ROTH SALARY DEFERRAL
- RTS1 IN PLAN ROTH PRE TAX NON 457 ROLLOVER- 403(B) ROLLOVER
- TSR1 PRE TAX NON 457 ROLLOVER- 403(B) ROLLOVER
- REE1 IN PLAN ROTH PRE TAX NON 457 ROLLOVER
- RQR1 IN PLAN ROTH PRE TAX NON 457 ROLLOVER- 401 ROLLOVER
- BTK1 SALARY DEFERRAL
- RDR1 IN PLAN ROTH PRE TAX 457 EMPLOYEE ROLLOVER
- RIR1 IN PLAN ROTH PRE TAX NON 457 ROLLOVER- IRA ROLLOVER
- RRB1 ROTH 403B ROLLOVER
- RRG1 ROTH ROLLOVER GOVERNMENT 457
- RRO1 ROTH 457B ROLLOVER FROZEN
- DCR1 PRE TAX 457 EMPLOYEE ROLLOVER
- ERM1 COUNTY CONTRIBUTIONS
- RRK1 ROTH 401K ROLLOVER
- EER1 PRE TAX NON 457 ROLLOVER
- RTH1 ROTH 457B

- The amount distributed from the Plan is limited to that which is reasonable and necessary to meet the unforeseeable emergency need after all other financial means available to me are taken into consideration.
- Unless the Net Amount box has been selected, the amount I request will be a gross amount; that is, Income tax will be withheld from my requested amount.
- If I do not elect Federal Income Tax withholding or if the Federal or State Income Tax withheld from my withdrawal is insufficient, I may be responsible for payment of estimated tax. I may incur penalties under the estimated tax rules if my income tax withholding and estimated tax payments are not sufficient.

Unforeseeable Emergency Withdrawal Approval and Effective Date

- Before processing my unforeseeable emergency withdrawal request, Service Provider must first receive all required documentation.
- This request cannot be approved without proof of an unforeseeable emergency.
- If any documentation is missing, my request will be rejected and will not be processed until I have submitted the required documentation with a copy of this Withdrawal form.

- The effective date of my unforeseeable emergency withdrawal request will not be until after the unforeseeable emergency approval.

Section D: How do I want my withdrawal delivered?

- Once complete request is received in good order with applicable documentation, delivery of payment is based on completion of the withdrawal process and the timing of approval.
- I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- Below is a description of each delivery option.

Check by USPS Regular Mail
- Estimated delivery time is up to 5 business days.
- No additional charge.

Check by Express Delivery
- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to $50.00 will be deducted, in addition to any withdrawal fees.
- Available for delivery, Monday-Friday, with no signature required upon delivery.
- If the address is a P.O. Box, the check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas.

Electronic deposit (ACH) to the bank account on file
- I have an existing ACH that has been on file for at least fifteen (15) days and I wish to use it for this withdrawal request. If my ACH has not been established on my account for at least 15 days, a check will be sent to my address on file. Please login to your account and verify banking information.
- Estimated delivery time is 2-3 business days.
- No additional charge.
- Not available for Direct Rollovers.

Important Informatione about electronic delivery
- If requested, your funds can be delivered electronically to your bank account through the Automated Clearing House (ACH) network. By choosing electronic delivery, you are authorizing us to deposit and withdraw funds to and from your account as necessary, including any adjustments that may be needed. Also, you are authorizing your bank to receive deposits and allow withdrawals, including adjustments, in the same manner.
- Your electronic deposit (ACH) banking information must have been previously submitted to us and verified for your protection; otherwise, we will send a check to your address on file.
- You authorize and direct your financial institution not to hold any overpayments on your behalf, or on behalf of your estate or any current or future joint account holder, if applicable.

Section E: Non-Resident Alien or Other Certification

- If I am a non-resident alien, I must complete the 'Non-Resident Alien or Other Certification' section on this form.
- The withholding rate applicable to my payment is the thirty percent (30%) unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields, tax treaty section, if applicable, and provide a U.S. Taxpayer Identification number. I may call 1-800-TAX-FORM (829-3676) or visit irs.gov for further information. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

Section F: How will my income taxes be withheld?

- If I do not have sufficient Federal or State Income Tax withheld from the taxable amount of my withdrawal, I will be responsible for payment of estimated tax and/or may incur penalties under estimated tax rules.
- I have attached IRS Form W-4R and/or my State's Income Tax withholding form with my elections, if required. If these forms are required for my withdrawal, and are not submitted, Service Provider will withhold in accordance with applicable Federal and State regulations.
- If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

Federal Income Tax Withholding
- For your federal income tax withholding election, unless you elect out of withholding, or otherwise complete the IRS Form W-4R (please go to irs.gov and enter *Form W-4R* into the search bar or call 1-800-TAX-FORM (829-3676)), federal income tax will be withheld at a rate of 10%. If you choose to make an alternate income tax withholding election, then you must complete and attach Form W-4R to this Withdrawal Form.
- I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

Income Tax Withholding Applicable to Payments Delivered Outside the U.S.
- If I am a U.S. citizen or U.S. resident alien and my payment is to be delivered outside the U.S. or its possessions, I may not elect out of Federal Income Tax withholding from the taxable amount of my withdrawal.

Income Tax Withholding for a Non-U.S. Person
- If I am a non-resident alien, I must complete the 'Non-Resident Alien or Other Certification' section on this form.
- The withholding rate applicable to the taxable amount of my payment is thirty percent (30%) unless a reduced rate applies because my 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. In order to claim a treaty rate, I must complete the appropriate fields, tax treaty section, if applicable, and provide a U.S. Taxpayer Identification number. I may call 1-800-TAX-FORM (829-3676) or visit irs.gov for further information. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

State Income Tax Withholding
- If applicable, I will attach my State's Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable state regulations.
- If I live in the state that mandates State Income Tax withholding, State Income Tax will be withheld. If I wish to have additional State Income Tax withheld, I may elect so by entering a percentage or dollar amount on the line provided.
- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I properly elect otherwise on the form.

- Certain states do not require mandatory withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal I have selected. If I elect this, State Income Tax will be withheld based on a default rate/rules provided by the state of my residence. I may elect to have an additional State Income Tax withheld by entering a percentage or a dollar amount on the line provided.
- **For more information and applicable forms or documentation that may be required for my state**, refer to the appropriate state tax authority.

Section G: My Consent

- ***Handwritten signatures are required on this form. Electronic signatures will not be accepted and will result in a significant delay.***

My Consent

- My signature and the date are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Withdrawal Form Request and the Participant Unforeseeable Emergency Withdrawal Guide.

Section H: Where should I send this form?

- Once I have completed this Withdrawal Form, including obtaining all signatures, I must forward it according to the instructions listed in this section.
- If I have elected to upload my documents, which includes the Withdrawal Form, Unforeseeable Emergency Withdrawal Application and required supporting documentation, I need to allow 2-4 hours for confirmation of receipt before I check on the status and confirm that all pages have been received.
- We will not accept hand delivered forms at Express Mail addresses.

Important Note

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at alamedacountydcp.com or call Client Service at 1-855-WOW-457B.
- Access to the Voice Response System or the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents regarding Plan investments and fees available from my Plan administrator and/or Plan Service representative. Read them carefully before investing.