

457(b) Unforeseeable Emergency Authorization Form

If your Plan allows this type of distribution, you can complete this authorization form to request an unforeseeable emergency distribution from your 457(b) Plan ("Plan"). Please note that your investment provider may also require its own paperwork in addition to this form. After this form has been received it will be reviewed and, if approved, forwarded to your Provider for processing.

Participant Information

Full Name: (last, first, middle initial)	
Address: (street, city, state and zip)	
Social Security Number:	Date of Birth: (MM/DD/YYYY)
Phone Number: (with area code)	Email Address:
Employer:	

Investment Provider Information

Please indicate the name and account number of the Provider from which you are requesting the distribution along with the amount requested.

Provider:
Account Number(s):

Unforeseeable Emergency Distribution Explanation

An unforeseeable emergency withdrawal can only be requested once all other sources of assets have been exhausted. If all other assets have been exhausted, please select the applicable reason that applies to your unforeseen emergency. In the event of an audit, the IRS may require documentation. Be sure to keep a copy of your documentation with your request.

Distributions to a Participant based on an unforeseeable emergency can be for reasons such as, but not limited to, any of the following:

- \$_____ An illness or accident of the Participant, the Participant's beneficiary, or the Participant's or beneficiary's spouse or dependents
- \$_____ Property loss caused by casualty (for example, damage from a natural disaster not covered by homeowner's insurance) of the Participant or beneficiary
- \$_____ Funeral expenses of the Participant's spouse or dependent
- \$_____ Other similar extraordinary and unforeseeable circumstances resulting from events beyond the control of the Participant or his or her beneficiary (Example: imminent foreclosure or eviction from primary residence or to pay for medical expenses)

If none of the reasons above apply to your emergency, please provide a detailed explanation below of the unforeseen emergency for which you are requesting a distribution. You may use the back of this form or a separate sheet if necessary.

Amount Needed and Acknowledgement

I certify that the specific amount of my unforeseeable emergency is \$_____ and that I cannot satisfy this need by any of the following means described below. *If no amount is entered above, this request will automatically be denied.*

- Reimbursement or compensation from insurance or any other source
- Stopping my contributions to the Plan or any other Plan
- Getting a distribution from the Plan or any other Plan
- Getting a loan from a commercial lender
- The sale of my assets

I agree to preserve source documents supporting the expense and the amount requested and make them available to the employer or administrator at any time upon request. This may include documents that provide:

- Total cost and details of the event causing the unforeseeable emergency. For example: Total cost and type of medical care, total cost and details of funeral or burial expenses, details about payment needed to avoid foreclosure or eviction, total costs and details about a casualty loss sustained.
- Proof that the participant, spouse, dependent or primary beneficiary under the plan incurred the expense.
- The address of the location and proof that it is the participant's principal residence.

Specific information for each type of hardship request can be found at [irs.gov/pub/foia/ig/spder/tege-04-0217-0008.pdf](https://www.irs.gov/pub/foia/ig/spder/tege-04-0217-0008.pdf).

Participant Acknowledgement

By signing this form, I certify that the information I have provided is accurate. I have satisfied all of the requirements to request this transaction and have verified that it is permissible under the terms of my 457(b) Plan and the terms of the annuity contract(s)/custodial account(s) indicated above. I understand and agree that the involvement of the third-party plan administrator in this transaction is limited to this authorization.

Participant Signature: _____ Date: _____

AFPlanServ Use Only	
AFPlanServ Authorized Signature:	
Maximum unforeseeable emergency amount approved \$	Approval Date: (MM/DD/YYYY)