

AFPlanServ® 457(b) Unforeseeable Emergency Authorization Form

Participant Instructions

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

Step 1: Participant Information

Name _____ Social Security Number _____ Date of Birth ____/____/____

Mailing address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employer _____

Step 2: Provide a detailed explanation of the unforeseeable emergency distribution: You will not qualify for a distribution if your unforeseeable emergency expenses can be otherwise relieved by, but not limited to: (1) insurance coverage, (2) liquidation of assets, or (3) cessation of deferrals under the Plan. If you have exhausted all other options, then please indicate below the reason(s) that apply to your unforeseen emergency. 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; and
- Other similar extraordinary and unforeseeable circumstances resulting from events beyond the control of the Participant or his or her beneficiary.

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. You must also provide bills or other documentation to substantiate your unforeseeable emergency claim. You may be required to submit additional documentation should it be determined that further information is needed to approve your request.

Step 3: Investment Provider information (source of assets): 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) _____

Amount of Unforeseeable Emergency requested \$ _____

Step 4: Participant acknowledgment

By signing this form, I certify that the information I have provided is accurate and 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 _____

Approval Date _____

Maximum unforeseeable emergency amount approved \$ _____

American Fidelity Assurance Company, dba AFPlanServ®
P.O. Box 269008 · Oklahoma City, OK 73126 · Toll Free 1-866-560-6415 · Fax 1-866-578-0962