

The Plan and IRS define certain circumstances that can qualify for an Unforeseeable Emergency Request distribution from the Plan if you have exhausted other sources of assets, including loans. These are the only circumstances under which you may qualify for an Unforeseeable Emergency Request under the Plan. Do not include supporting documentation with your Unforeseeable Emergency Request Form. Documents that substantiate your distribution amount and the reason for the withdrawal should be kept in your records for submission to the IRS if required. SchoolsFirst FCU will not review or validate any submitted documentation.

Unforeseeable Emergency Self-Certification

- a. I can alleviate this Unforeseeable Emergency Request by stopping contributions to my retirement plan(s). Yes No
- b. I can receive reimbursement from insurance or other sources to pay these expenses. Yes No

Participant Acknowledgement (REQUIRED): I have responded to the above questionnaire and certify that this distribution is necessary to pay for the unforeseeable event stated on the attached DCP 457(b) Unforeseeable Emergency Request Form. You acknowledge this form as a representation that you do not have necessary or liquid assets available to satisfy the unforeseeable event.

Initials

Participant SSN (REQUIRED):

Social Security Number

Please review the eligible unforeseeable emergency reasons below to ensure that your unforeseeable emergency meets one of the following allowable reasons.

Eligible Unforeseeable Emergency Reasons

Reason	Explanation
Illness or Accident	Unforeseeable Emergency resulting from sudden and unexpected illness or accident of the participant or beneficiary, the spouse of the participant or beneficiary, or a dependent of the participant or beneficiary.
Property or Casualty Loss	Loss of the participant’s or beneficiary’s property due to casualty, natural disaster, or other extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or beneficiary. Casualty is commonly known to include fire, storms, earthquakes, hurricanes, and other natural or weather-related disasters. For more information regarding casualties, please visit irs.gov/pub/irs-pdf/p547.pdf
Other similar extraordinary and unforeseen circumstances	Other unforeseen events beyond the control of the participant or beneficiary. Ex: imminent foreclosure or eviction from primary residence due to loss of job.

FAX COMPLETED FORMS TO: (714) 258-4185

Submission of this form initiates a DCP 457(b) Unforeseeable Emergency Request from a SchoolsFirst FCU 457(b) DCP Share Certificate.

Note: Please allow **5-7 business days** for processing.

1 Participant Information

_____		_____		_____	
First Name	Last Name	Date of Birth			
_____			_____		_____
Street Address	City	State	Zip Code	Phone Number	
_____			_____		
School District		Email Address			

2 Reason for Withdrawal & Amount

457(b) Unforeseeable Emergency Reason

Select one of the following unforeseeable emergency reasons and include an explanation below your selection.

- Unexpected illness or accident.

- Property loss caused by casualty

- Other similar extraordinary and unforeseen circumstances resulting from events beyond your control.

Requested Amount

Amount: \$ _____ DCP Share Certificate: Member Number: _____ Share ID: _____

Gross (Amount Before Taxes - Default) Net (Amount After Taxes)

Tax Withholding* Federal: _____% CA State: _____%

*No taxes are withheld unless indicated

3 Delivery Method

- Check by Regular Mail Overnight Check
- Send to my SchoolsFirst FCU Account: Member Number: _____ Share ID: _____

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4 DCP 457(b) Unforeseeable Emergency Self-Certification

By signing and submitting this form, I hereby certify that my unforeseeable emergency withdrawal request meets all the following requirements:

- a. My unforeseeable emergency withdrawal request is deemed to be an immediate and heavy financial need.
- b. My unforeseeable emergency withdrawal request does not exceed the amount required to satisfy such financial need.
- c. I have no reasonable alternative means to satisfy such financial need.

5 Signatures

I certify that I am the proper party to request this Unforeseeable Emergency withdrawal. I acknowledge that I do not have other assets to meet my financial need and all information provided is true and accurate. I understand the amount of the withdrawal cannot exceed the amount needed to satisfy the financial need and the total verifiable deferrals contributed to the account. Additionally, I understand this transaction is a reportable event for the year the distribution occurred and that a 10% penalty may apply if I am under the age of 59½¹. By signing below, I am aware of the information mentioned above and authorize SchoolsFirst FCU to process this request.

Participant Signature (REQUIRED)

Date

TO BE COMPLETED BY SCHOOLSFIRST FCU (CUSTODIAN)

TPA Authorization	Approved Net Amount	Date
SchoolsFirst FCU Representative		Date

1. Please consult a tax advisor for additional questions.