

Your districts plan and the IRS define certain circumstances that can qualify for an unforeseeable emergency distribution from the plan. These are the only circumstances under which you may qualify for a hardship under the plan. Evidence of the unforeseeable emergency must be retained by you to document both the nature and the amount of the emergency. As a rule, documentation should be current, **dated within 90 days**, unpaid, and as descriptive as possible. The 457(b) Unforeseeable Emergency Distribution form will be reviewed for compliance with plan and IRS rules. Submission of an application does not guarantee approval. It is important that you retain documentation of the emergency and amount and produce it at the request of the IRS.

Hardship Questionnaire

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|---|------------------------------|-----------------------------|
| a) I can alleviate this hardship by stopping contributions to my retirement plan(s). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) I can receive reimbursement from insurance or other sources to pay these expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) I can secure a personal loan to pay these expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) I can liquidate assets to pay these expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Participant Acknowledgement (REQUIRED): I have responded to the above questionnaire and certify that this distribution is necessary to pay for the emergency stated on the attached Distribution Form.

Participant SSN (REQUIRED):

_____ Social Security Number

_____ Initials

Please review the eligible hardship reasons below to ensure that your hardship meets one of the following allowable reasons. Proper documentation is necessary to assist with determining the net amount your request may be approved for.

Eligible Unforeseeable Emergency Reasons

Reason	Explanation	Documentation Required
Illness or Accident	Severe financial hardship resulting from sudden and unexpected illness or accident of the participant or beneficiary, the participant or beneficiary's spouse, or dependent.	Provide explanation of the unexpected illness or accident and provide copy of the funeral expenses or medical bills outlining the portion of expenses NOT covered by your insurance or other documentation applicable to the event. Insurance statements are not sufficient.
Property of Casualty Loss	Loss of the participant's or beneficiary's property due to casualty, natural disaster, or other extraordinary and unforeseeable circumstance arising because of events beyond the control of the participant or beneficiary. Casualty is commonly known on include fire, storms, earthquakes, hurricanes, and other natural or weather-related disasters. For more information regarding casualties, please visit: http://www.irs.gov/pub/irs-pdf/p547.pdf	Provide an explanation of the casualty and include repair bills showing the amount needed to pay that is not covered by insurance. (Ex: Repair significant water damage.) It may include loss of wages if a natural disaster caused an inability to work.
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 job.	Provide an explanation of the unforeseen event along with a copy of the foreclosure/eviction notice and the lease agreement.

457(b) Unforeseeable Emergency Authorization Form

Email: rpa@schoolsfirstfcu.org or fax completed forms to (714) 258-4262

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An unforeseeable emergency distribution is a distribution from a qualified 457(b) retirement plan to an individual with an immediate and heavy financial need as a result of an unexpected or extraordinary event. If you find that you have eligible emergency reason, submit this form along with your investment provider paperwork to SchoolsFirst Plan Administration for authorization. Evidence of the emergency must be retained by you to document both the nature of the emergency and amount. You are responsible for retaining the documentation and producing the documentation at the request of the Internal Revenue Service (IRS). As a general rule, the documentation should be dated within 90 days, unpaid, and as descriptive as possible.

Note: Please allow 5-7 business days for review and authorization. Missing or incomplete documentation will result in a delay of your request.

1 Participant Information

First Name	Last Name	Social Security Number (REQUIRED)		Date of Birth
Street Address	City	State	Zip Code	Daytime Phone Number
School District Listed as Employer on this Account (REQUIRED)			Participant Email Address	
Financial Advisor/Agent Name		Financial Advisor/Agent Phone Number		

2 Unforeseeable Emergency Reason

Select one of the following reasons. Refer to the Eligible Emergency Reasons for details.

- Unexpected illness or accident Property loss caused by casualty Funeral Expenses of the participant's spouse or dependent
- Other similar extraordinary or unforeseen circumstances resulting from events beyond your control

3 Unforeseeable Emergency Amount & Provider Information

Please provide a specific dollar amount for your request and the contact information for the 457(b) investment provider you are requesting the emergency distribution form.

Note: The amount requested cannot exceed the lesser of the eligible amount required to cover hardship, or the total account balance

Investment Provider Name	Account Number	Phone Number		
Investment Provider Street Address	City	State	Zip Code	<input type="text"/>

Note: The amount requested can not exceed the lesser of the eligible amount required to cover the unforeseeable emergency or total account balance. Amount Requested

4 Forwarding Instructions

Please provide a valid fax number for the Investment Provider listed above or indicate a contact you would like the authorized form faxed to. If no fax number is provided below your forms will be sent to the default number on record (if available). These forms contain non-public personal information and will not be emailed.

Fax Number	Attention (if applicable)
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5 Participant Approval

- I certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above.
- I certify that I have an immediate and heavy financial need and that the amount being requested is not more that what is required to meet that need.
- I certify that qualify for a hardship withdrawal under one of the Safe Harbor Reasons listed in Section 2 above.
- I certify that I have in my possession documentation of the reason for the hardship and the amount of the hardship, and I acknowledge that I am solely responsible to retain the documentation and will produce it at the request of the Internal Revenue Service or SchoolsFirst Plan Administration.
- I declare under penalty of perjury that the information I have supplied to this application for hardship withdrawal is true and complete in all respects. I understand this transaction is reportable to the IRS and is taxable. Additionally, a 10% IRS penalty may be assessed for early distributions.

Participant Signature (REQUIRED)	Date
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6 For SchoolsFirst Plan Administration Use Only

Authorized SchoolsFirst Plan Administrator Signature (REQUIRED)	Date
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