

**MissionSquare Retirement wants to help you** receive the money necessary to help alleviate your unforeseeable emergency situation. Please carefully follow each of the below steps to ensure that you satisfy the IRS requirements to withdraw funds from your account. All requests are carefully reviewed to ensure compliance with IRS rules.

**STEP 1:** Complete each section of the form, including the worksheet in Section 4.

**STEP 2:** Provide all required documentation specified on the form.

**STEP 3:** Review the information on the following page for details regarding circumstances that do and do not qualify for an unforeseeable emergency withdrawal, including situations related to qualifying dependents.

**STEP 4:** Fax the required documents and the completed form to MissionSquare.

MissionSquare Plan Services  
(844) 677-3297

If you are unable to fax the documents, you may mail them to the following address:

MissionSquare Plan Services  
P.O. Box 219320  
Kansas City, MO 64121-9320

***Please keep a copy of all supporting documents and the completed form for your records.***

## TIME FRAME FOR PAYMENTS

Provided that your request is approved, a check will be sent within three business days of our receipt of the completed form and *all required supporting documentation*. Please understand that requests cannot be processed until all required forms and documentation have been received.

## EXAMPLES OF EMERGENCY AND NON-EMERGENCY SITUATIONS

The below table shows situations that may qualify a participant to receive an unforeseeable emergency withdrawal and other circumstances the IRS has stated will not qualify.

CIRCUMSTANCES THAT <b>MAY</b> QUALIFY	CIRCUMSTANCES THAT <b>DO NOT</b> QUALIFY
<ul style="list-style-type: none"> <li>Involuntary loss of wages resulting from an illness, accident, or other similar and extraordinary circumstance arising as a result of events beyond your control</li> <li>Unreimbursed medical expenses resulting from an illness, accident, or other similar and extraordinary circumstance arising as a result of events beyond your control for you, your spouse, a dependent who can be claimed on your tax return, or your primary beneficiary (if permitted by your plan)</li> <li>Damage to your home due to an <b>accident or natural disaster</b> (beyond insurance reimbursement)</li> <li>Damage to your car or other personal property due to an <b>accident or natural disaster</b> (beyond insurance reimbursement)</li> <li>Legal bills involving criminal charges against you, your spouse, a dependent who can be claimed on your tax return, or your primary beneficiary (if permitted by your plan)</li> <li>Expenses associated with the imminent foreclosure of or eviction from your <b>primary residence</b></li> <li>Funeral expenses for a spouse, a dependent who can be claimed on your tax return, or your primary beneficiary (if permitted by your plan)</li> </ul> <p><i>Please note: Unreimbursed medical expenses and expenses related to property loss or damage must have been incurred and be supported by actual bills – estimates will not be accepted.</i></p>	<ul style="list-style-type: none"> <li>Purchase of a home, automobile, or other personal property</li> <li>Education expenses, such as college tuition</li> <li>Expenses knowingly incurred, such as rent or mortgage payments, utilities, credit card bills, car, or personal loan payments</li> <li>Supplemental income or insurance coverage</li> <li>Unreimbursed medical expenses associated with elective surgery or routine/preventive medical care</li> <li>Normal maternity leave</li> <li>Routine maintenance related to vehicles, home, or other personal property</li> <li>Tax liability (payment of income tax, back taxes, or fines associated with back taxes and wage garnishments)*</li> <li>Travel expenses</li> <li>Personal bankruptcy (except when resulting directly and solely from illness or casualty loss)*</li> <li>Legal expenses (except in criminal cases)</li> <li>Marital separation, divorce, or child support*</li> </ul> <p><i>*Although not reflected in the Internal Revenue Code, the IRS has stated in question-and-answer sessions that these situations would not comply.</i></p>

## UNFORESEEABLE EMERGENCY SITUATIONS RELATED TO SOMEONE ELSE

If you are requesting a withdrawal to assist with an unforeseeable emergency situation for someone else, the other person must be a primary beneficiary for your account or a qualifying dependent. For requests related to a beneficiary, be sure to confirm the beneficiary information for your account prior to submitting your request. Qualifying dependents (e.g., a qualifying child, qualified relative) must satisfy the definition contained in Code Section 152 and summarized in the below table.

QUALIFYING DEPENDENTS	
Qualifying Child	Qualifying Relative
<ol style="list-style-type: none"> <li>Must be your child or a descendant of such child, or be a brother, sister, stepbrother/sister, or a descendant of any such relative</li> <li>Must have the same principal address as you for more than half of the year</li> <li>Must be less than age 19 at the end of the year (or, less than age 24 if a student), or permanently and totally disabled</li> <li>Must not have provided over one-half his/her own support for the year</li> </ol>	<ol style="list-style-type: none"> <li>Must be related to you or lived with you for the entire year as a member of your household</li> <li>Must receive over one-half his/her support from you for the year</li> <li>Must not be your qualifying child or the qualifying child of any other person</li> <li>Must be a non-spouse</li> <li>Gross income for the year must be less than the exemption amount [defined in Section 151(d)]</li> </ol>

- ## 1 PARTICIPANT INFORMATION (COMPLETE ALL FIELDS IN THIS SECTION)

EMPLOYER PLAN NUMBER: <b>30</b>	EMPLOYER PLAN NAME:			MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: MM/DD/YYYY	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:	
FULL NAME: LAST, FIRST, MI				
MAILING ADDRESS:				
STREET		CITY	STATE	ZIP

## 2 UNFORESEEABLE EMERGENCY SITUATION

- Sudden and unexpected illness or accident to you, a qualifying dependent, or primary beneficiary
- Loss of, or damage to, your property due to an accident, disaster, destruction, or theft
- Other similar, equally severe and unforeseeable circumstances beyond your control

b. **Description** – Please provide a detailed description of the unforeseeable event, including specific details of the event, such as the date of occurrence, duration, and time frame of missed work, if applicable. Attach additional pages if needed. Your request must be accompanied by supporting documentation consistent with the details provided, and as required in Section 3.

EMPLOYER PLAN NUMBER:

**30** \_ \_ \_ \_

SOCIAL SECURITY NUMBER:

### 3 SUPPORTING DOCUMENTS (REQUIRED FOR ALL REQUESTS)

Please check the applicable boxes below as you obtain copies of each item. Doing so will help to ensure that you include all of the required documentation with your request. In addition to the items shown, you should include any other documentation you have related to the unforeseeable emergency, the financial impact of the situation, and other resources you have available (if any). Requests cannot be processed until all required forms and documentation have been received.

#### FORECLOSURE OF PRIMARY RESIDENCE

- ☐ Grace period notice or certified letter from the mortgage company indicating the amount needed to reinstate loan, or certified copy of foreclosure complaint with court seal or stamp
- ☐ Most recent real estate tax bill documenting property ownership, or the HUD-1 statement if the property was recently purchased
- ☐ Most recent monthly mortgage statement reflecting the amount past due, bank name and account number

#### EVICION FROM PRIMARY RESIDENCE

- ☐ Current lease/rental agreement
- ☐ Latest bill/statement or notarized letter from the leasing agency/landlord documenting your current status as lessee
- ☐ Court ordered eviction notice bearing court seal stamp and noting the dollar amount needed to prevent eviction from primary residence

#### FUNERAL EXPENSES

- ☐ Original Death Certificate with raised seal
- ☐ Detailed funeral bill indicating the portion for which you are responsible
- ☐ Evidence that the funeral expenses relate to a spouse, dependent, or primary beneficiary

#### INVOLUNTARY LOST WAGES

- ☐ Pay stubs for the last three months to demonstrate change in income
- ☐ Letter from your employer indicating the dates of employment and unpaid dates of work missed due to involuntary reasons. The letter must include information on any sick pay, vacation pay, workers' compensation, unemployment benefits, or any form of compensation received while out of work.
- ☐ Explanation of lost wages. Provide an explanation of the reason for your lost wages in Section 2 of the form.

#### LEGAL FEES (INVOLVING CRIMINAL CHARGES)

- ☐ Signed attorney retainer agreement or bill on the law firm's letterhead, signed and dated by both parties and indicating the case number for the charges
- ☐ Evidence of criminal charges (e.g., court documents)
- ☐ Evidence that the legal fees are related to you, a spouse, dependent, or primary beneficiary

#### UNREIMBURSED MEDICAL BILLS – *Note: Please ensure that any information disclosing your medical description is removed or blocked out.*

- ☐ Explanation of Benefits (EOB) from insurance company
- ☐ Unreimbursed bills related to your spouse, qualified dependent or primary beneficiary showing the amounts covered and not covered by insurance. Actual bills that are less than one year old are needed. (Estimates alone are insufficient.)
- ☐ If no insurance – statement indicating no medical insurance
- ☐ Letter from physician stating that the repairs or modifications to your primary residence not covered by insurance are medically necessary (if applicable)

#### PROPERTY DAMAGE DUE TO ACCIDENT OR NATURAL DISASTER (BEYOND INSURANCE REIMBURSEMENT)

- ☐ Current, detailed repair bill for damages to your primary residence property (Actual bills are needed. Estimates alone are insufficient.)
- ☐ Fire or police report including department name, date filed and report number (if applicable)
- ☐ Letter from contractor explaining why repairs are not a result of normal wear and tear
- ☐ Letter from insurance company indicating a reason for no coverage
- ☐ If covered by insurance, letter from the insurance company indicating the deductible amount owed for the repairs

EMPLOYER PLAN NUMBER:

**30** \_\_\_\_\_

SOCIAL SECURITY NUMBER:

**4 UNFORESEEABLE EMERGENCY WITHDRAWAL WORKSHEET**

Complete the worksheet and provide supporting documentation for this information when you submit the form.

**A. NET WORTH**

Assets	Current Value	–	Indebtedness	=	Net Worth
Home	\$ _____		\$ _____		\$ _____
Other Real Estate	\$ _____		\$ _____		\$ _____
Automobiles	\$ _____		\$ _____		\$ _____
Other Personal Property	\$ _____		\$ _____		\$ _____
Cash (Checking & Savings)	\$ _____		\$ _____		\$ _____
Stocks and Bonds	\$ _____		\$ _____		\$ _____
Life Insurance Cash Value	\$ _____		\$ _____		\$ _____
All Other (List) _____	\$ _____		\$ _____		\$ _____
_____	\$ _____		\$ _____		\$ _____
<b>TOTAL ASSETS</b>	\$ _____		\$ _____		\$ _____

**B. MONTHLY INCOME AND EXPENSES**

Monthly Income (Net after all withholding)		Monthly Living Expenses	
Your Salary	\$ _____	Mortgage Payments or Rent	\$ _____
Spouse's Salary	\$ _____	Utilities (heat, water, telephone, etc., combined)	\$ _____
Other Income	\$ _____	Food and Clothing	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	Car Payments	\$ _____
		Transportation Expenses	\$ _____
		Credit Card Minimum Payments (combined total)	\$ _____
		Educational Expenses for Dependents and Self	\$ _____
		Insurance Premiums	\$ _____
		Other (list): _____	\$ _____
		_____	\$ _____
		<b>TOTAL MONTHLY LIVING EXPENSES</b>	\$ _____

EMPLOYER PLAN NUMBER:

**30** \_ \_ \_ \_

SOCIAL SECURITY NUMBER:

## 5 WITHDRAWAL AMOUNT AND TAX WITHHOLDING

Specify the amount you wish to withdraw and the amounts that should be withheld for federal and/or state taxes. **Regardless of your withholding election, you are ultimately responsible for paying federal and state income taxes on the amount withdrawn.**

a. **Withdrawal Amount:** \$ \_\_\_\_\_

The requested amount cannot exceed the amount needed to cover the unforeseeable emergency expense or the total value of your account. If you want the amount to be increased to cover the federal and/or state income tax withholding, check the box next to d. below. *(Do not add the additional amount to the amount requested above.)*

### TAXATION AND WITHHOLDING REQUIREMENTS

MissionSquare may be required to withhold federal and state income taxes from your payments regardless of your election. You are ultimately liable for the payment of federal and state income taxes on your benefit payments. If you do not provide withholding instructions, MissionSquare will withhold taxes according to the applicable federal and/or state rules.

b. ☐ **Withhold FEDERAL income tax** at the rate of \_\_\_\_\_% **OR** ☐ No withholding

c. ☐ **Withhold STATE income tax** at the rate of \$\* \_\_\_\_\_ **OR** ☐ No withholding

*\*If the dollar amount selected is less than the required state withholding amount, the higher amount will be withheld.*

d. ☐ **Increase the withdrawal amount** specified in a. above to cover the federal and/or state income tax withholding. *(Note that requests related to involuntary lost wages are not eligible to be increased to cover tax withholding.)*

## 6 ROTH ASSETS DEPLETION ORDER

**If you have made Roth contributions to your 457 account,** use this section to specify whether Roth assets or non-Roth assets should be distributed first.

Non-Roth assets will be distributed prior to any Roth assets, unless the following box is checked: ☐

EMPLOYER PLAN NUMBER:

**30** \_ \_ \_ \_

SOCIAL SECURITY NUMBER:

## 7 PARTICIPANT SIGNATURE AND CHECKLIST

Review the below information and check the boxes once each step is complete. Be sure to sign and date this section.

**Attestation:** By signing this form, I acknowledge I have read and understand the information in the Additional Information section of the *Unforeseeable Emergency Withdrawal Form*. I hereby certify the statements and information provided in connection with my unforeseeable emergency withdrawal request, including each of the below statements, are true and accurate to the best of my knowledge. I understand any misrepresentation of facts or material omission is sufficient cause for rejection of my application and/or a delay in the review process. As required by law and under the penalty of perjury, I certify the Social Security Number (Taxpayer Identification Number) I have provided is correct.

Please confirm the below items and check each box to confirm the statements are accurate.

- ☐ I have reviewed Sections 1–6 and confirmed all sections are complete, including the Unforeseeable Emergency Withdrawal Worksheet in Section 4.
- ☐ I have obtained and attached the required supporting documentation for my request.
- ☐ The funds in my 457 deferred compensation account represent a last resort and I am unable to obtain the funds needed to pay for the unforeseeable emergency situation through any of the following sources:
  - Ceasing all contributions to my account
  - Liquidating assets, including cash (checking/savings/credit union accounts), personal property, investments, etc. (to the extent doing so would not cause severe financial hardship)
  - Taking a loan from a retirement plan
  - Reimbursement or compensation by insurance

Participant Signature: \_\_\_\_\_

Date: MM/DD/YYYY \_\_\_\_\_

## 8 EMPLOYER AUTHORIZATION

For employer use only. As the authorized official for the employer, I certify that this request has been reviewed and hereby direct MissionSquare to disburse funds immediately to the individual named on this request.

Authorized Employer Official's Signature: \_\_\_\_\_

Date: MM/DD/YYYY \_\_\_\_\_

Authorized Employer Official's Name (Please Print): \_\_\_\_\_

Authorized Employer Official's Title: \_\_\_\_\_

**PLEASE KEEP A COPY OF THE COMPLETED FORM AND ALL SUPPORTING DOCUMENTS FOR YOUR RECORDS.**

The below information may assist you with questions you have related to the information on the form and help you determine whether or not your circumstances may qualify you to receive an unforeseeable emergency withdrawal.

### REQUIRED SUPPORTING DOCUMENTATION

Please review the **minimum** documentation you will need to include with your request. As an example, if the reason for your request is to prevent foreclosure on your primary residence, you will need to include copies of the following documents:

- Grace period notice, certified copy of foreclosure complaint or certified letter from the mortgage company indicating the amount to reinstate the loan
- Most recent real estate tax bill documenting property ownership, or the HUD-1 statement if the property was recently purchased
- Most recent monthly mortgage statement reflecting the amount past due, bank name and account number

### OBTAINING EMPLOYER AUTHORIZATION

Only your employer can authorize an emergency withdrawal.

In order to expedite processing, please include adequate documentation verifying your emergency and the amount needed to cover the emergency.

### TAXATION AND WITHHOLDING REQUIREMENTS

Assets are generally taxable in the year in which they are withdrawn. The taxable amount of your distribution will be reported on a Form 1099-R and will need to be included in your income when you file your taxes. The 1099-R will be sent to you in January following the year of the withdrawal.

#### Federal and State Tax Withholding

MissionSquare will withhold federal and state taxes based on the instructions you provide. We automatically withhold state income taxes for states which require us to do so. You should seek state tax advice from the appropriate state department of revenue if you have questions regarding state tax withholding requirements.

### Increasing Your Payment Amount to Cover Tax Withholding

Only amounts reasonably necessary to satisfy the unforeseeable emergency will be available for withdrawal, but the amount can include the amounts necessary to pay federal, state, or local tax liabilities that result from the withdrawal. Check the box next to 5.d. to have MissionSquare increase the amount of your withdrawal to cover the amount withheld for federal and/or state income taxes. (Do not add the additional amount to the amount requested in 5.a.)

### ROTH ASSETS

If you have made Roth contributions to your 457 plan, you should give careful consideration to how you withdraw the Roth assets (contributions and associated earnings). Use Section 6 to specify whether Roth assets or non-Roth assets should be distributed first.

#### Qualified "Tax-Free" Distributions

Distributions of Roth assets are tax-free if:

- Five years have passed since January 1 of the year of your first Roth contribution (including roll-ins) and
- You are at least 59½ years old (or disabled or deceased)

#### Denied Requests: Right to Appeal

In the event your request is denied, for any reason, you have the right to appeal the decision within 30 days from the date of denial. You can provide additional documentation supporting your claim and fax/mail your letter of appeal to the same number/address used to submit your original request. *(Please note the appeals process differs for some plans. If your request is denied, MissionSquare can confirm the appeals process for your plan.)*

**EXAMPLE** – Your actual emergency is \$1,000. You elect 10% federal income tax withholding, \$34.49 state income tax withholding, and you would like the amount "grossed-up."

1. Withdrawal amount requested to cover the actual emergency: \$1,000.00
2. ☒ Withhold FEDERAL income tax at the rate of 10%
3. ☒ Withhold STATE income tax in the dollar amount of \$34.49
4. Should the withdrawal amount be increased (grossed-up) to cover the federal and state income tax withholding? ☒ Yes ☐ No

Gross amount of your check . . . . . \$ 1,149.43

Federal income tax withholding . . . . . \$ 114.94

State income tax withholding . . . . . \$ 34.49

Net amount of your check . . . . . \$ 1,000.00





#### **SUMMARY DESCRIPTION**

This publication provides a summary of the rules governing the payment of funds from your 457 Deferred Compensation plan. The actual rules governing your benefits are contained in state retirement laws and the federal tax code. This publication is a summary, written in less legalistic terms. It is not a complete description of the law. If there are any conflicts between what is written in this publication and what is contained in the law, the applicable law will govern.

#### **PRIVACY**

Please note MissionSquare has privacy procedures in place to safeguard your personal information, including health information you provide as part of an unforeseeable emergency withdrawal request. You have the right to access and amend the information you provide.