



457(b) Unforeseeable Emergency Withdrawal Authorization Form

Participant Instructions

The 457(b) Unforeseeable Emergency Withdrawal Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator, to authorize any unforeseeable emergency withdrawal of 457(b) amounts from your employer or former employer's 457(b) plan. You must attach appropriate documentation providing evidence of the nature and amount of the unforeseeable emergency. The investment provider will require its own paperwork in addition to this form. We encourage you to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the investment provider indicated below. Upon completion, mail or fax this form to NBS. Inquiries regarding the status of your withdrawal request may be directed to NBS at (800) 274-0503 ext 5. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days.

Investment Provider Instructions

NBS represents this unforeseeable emergency withdrawal of 457(b) amounts is permitted by the employer's plan and is in accordance with the 457(b) Provider Agreement (Agreement) entered into by your company and NBS (if applicable) provided that NBS has signed below. The investment provider should distribute no more than the amount indicated in the Maximum Eligible Withdrawal Amount box. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).

General Information

Unforeseeable emergency withdrawals are only permitted to the extent the participant demonstrates to the satisfaction of the plan's designated third-party administrator, NBS, that the reason for the withdrawal complies with the applicable requirements under the Internal Revenue Code and that such hardship is due to an unforeseeable emergency. As a general rule, plan money cannot be distributed for an event within your control. Thus, tuition expenses, down payment for a house, or ordinary medical expenses, credit card debt, normal monthly bills such as rent or utility bills, mortgage payments, or loan payments are not considered unforeseeable emergencies. We recommend that you consult with your financial advisor regarding this withdrawal. **Amounts Available for Withdrawal:** If you have a qualified unforeseeable emergency, you may withdraw the amount necessary to meet the need created by the emergency. Payment will not be made to the extent that the financial hardship may be satisfied through cessation of deferrals, insurance, other reimbursement, or liquidation of other assets to the extent such liquidation would not itself cause severe financial hardship.

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1 Participant Information

Participant Name		Employer Name	
Participant Mailing Address City, State, Zip Code		Employer State	
Social Security Number	Home Phone Number	Work Phone Number	Date of Birth
Agent Name		Agent Phone Number	

2 Withdrawal Reason

In the space provided below, indicate the nature of the unforeseeable emergency for which you are requesting a withdrawal. **You must attach appropriate documentation providing evidence of the nature and amount of the unforeseeable emergency. Failure to provide adequate documentation will delay the processing of your transaction.**

Severe financial hardship to the participant resulting from a sudden and unexpected illness or accident of the participant or beneficiary, the participant or beneficiary's spouse, or the participant or beneficiary's dependent.

Describe:

Loss of the participant's or beneficiary's property because of casualty or other extraordinary and unforeseeable circumstances arising as result of events beyond the control of the participant or beneficiary.

Describe:

3 Investment Provider Information

Investment provider from which 457(b) amounts will be withdrawn. This form and all accompanying paperwork will be sent to the investment provider below unless instructed otherwise.

Investment Provider	Account Number	Phone Number
Mailing Address City, State, Zip Code	Fax Number	

4 Withdrawal Amount and Participant Approval

I hereby certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above. I declare under penalty of perjury that the information I have supplied with this application for the withdrawal is true and complete in all respects. I recognize that the information contained on and attached to this form will be shared with authorized third parties including National Benefit Services, LLC (NBS) and the surrendering provider as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the release of non-public information pertaining to the above accounts and transaction to NBS representatives as necessary to administer the plan. I understand that taxes and tax withholding may apply to any distribution I receive that is not rolled over. Additionally, a 10% IRS penalty may be assessed for early distributions. (Consult with a tax advisor for tax-related questions.)

Employee Signature (Required)	\$ Requested Withdrawal Amount	Date
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5 For Plan Sponsor Use Only

Authorized Signature (Required)	Vested % (if required)	\$ Max. Eligible Withdrawal Amount	Date
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