



UNFORESEEABLE EMERGENCY DISTRIBUTION REQUEST

INSTRUCTIONS

Enclosed is a copy of the Unforeseeable Emergency Distribution Request Form that you requested. In order to qualify for an emergency distribution, your circumstances must meet the following Internal Revenue Service (IRS) definition of an unforeseeable emergency.

There must be “severe financial hardship to the participant resulting from...extraordinary and *unforeseeable* circumstances arising as a result of events beyond the control of the participant.”

Where there is an unforeseeable financial emergency as defined above, payment “may not be made to the extent that such hardship is or may be relieved through reimbursement or compensation by insurance or otherwise, by liquidation of the participant’s assets, to the extent the liquidation of such assets would not itself cause severe financial hardship, or through cessation of deferrals under the plan.”

In general, an unforeseeable emergency is a circumstance that could not have been predicted, such as unexpected medical expenses, casualty loss, or death of a family member. An unforeseeable emergency may be granted for an emergency experienced by the Participant, the Participant's dependents, or the Participant's designated beneficiaries. **The purchase of a home or sending a child to college is not considered an unforeseeable emergency under the Plan or under the IRS Code.**

If you feel that your situation meets these requirements, you may apply for an Unforeseeable Emergency Distribution by completing the attached form. **Your request must be only for the amount necessary to cover your financial hardship, plus the amount of income taxes that are withheld on an emergency distribution, if any.** An Unforeseeable Emergency Distribution is subject to 10% federal tax withholding. However, this amount is not mandatory and can be adjusted to a 0% tax withholding. All distributions are subject to federal, applicable state and local taxes. Payments will be reported on a Form 1099-R.

The plan requires documentation of the financial hardship for your application to be approved. Upon receiving all necessary documentation related to the unforeseeable emergency, your file will be reviewed and, in most cases, an initial decision will be rendered within one week. A letter will be sent to you to notify you of the decision.

If your request is denied, a denial letter will be sent to you that will contain instructions should you wish to appeal the denial to the Review Committee. Pay careful attention to the time limits for filing your appeal request. The decision of the Review Committee is final and binding.

Please note when taking a distribution that some mutual funds may impose a short-term trading fee upon distribution. Please read the underlying prospectuses carefully.

REQUIRED DOCUMENTATION AND FORMS

In an effort to avoid delays in your application for an Unforeseeable Emergency Distribution Request, please submit a completed form with answers to all questions and documentation for your request. Below are examples of circumstances and acceptable documentation. Please remember that you may be asked to provide additional information based upon your request.

Circumstance	Documentation Required
Medical Bills Not Covered by Insurance	<ul style="list-style-type: none"> Explanation of Benefits statement or a statement from insurance carrier detailing which expenses were NOT covered by insurance A doctor's statement of your medical condition
Loss of Income – Yours or Spousal	<ul style="list-style-type: none"> Previous year's W-2 form Paystub that details full wage and current paystub showing partial pay Letter from the employer stating the time off without pay or verifying or detailing the lost wages Documentation from any source of current income, such as Worker's Compensation Only approvable for a 12 month period <p>Note: Amounts for loss of income are not increased to cover the federal tax withholding.</p>
Funeral Expenses	<ul style="list-style-type: none"> Certified proof of your family member's death and copies of the funeral expenses incurred by you Documentation of relationship
Foreclosure	<ul style="list-style-type: none"> Letter from the mortgage company that provides your primary address and the amount needed to prevent foreclosure <p>Note: Approval for this type of event is only done once in a 12-month period.</p>
Eviction	<ul style="list-style-type: none"> Court order eviction notice that provides the amount needed to halt proceedings <p>Note: Approval for this type of event is only done once in a 12-month period.</p>
Utilities Disconnection	<ul style="list-style-type: none"> Copies of bills threatening disconnection and amount needed to prevent disconnection <p>Note: This type of request will only be considered once in every six-month period.</p>

Note: If your circumstances do not qualify for an Emergency Distribution Request, you may be eligible for a Small Inactive Account Distribution or a Plan Loan. A Small Inactive Account Distribution is available to Participants whose account balance, exclusive of assets in a rollover account, does not exceed \$5,000, including any unpaid loan balance, and who have not made a contribution to their account within the past two years. This is a one-time distribution of up to \$5,000 of your account balance. A Plan Loan allows participants to borrow up to 50% or \$50,000, whichever is less, of his or her account balance. Loans must be repaid. For more information on a Small Inactive Account Distribution or a Plan Loan, please call the Plan HELPLINE at 1-800-422-8463 and speak to a Representative.

Please note that if you have received a previous approval for an unforeseeable emergency event, any subsequent requests for the same event may require documentation that demonstrates that the previous amounts were utilized to satisfy the approved event.

If you have any questions, please do not hesitate to call the Plan HELPLINE at 1-800-422-8463 and speak to a Representative.



UNFORESEEABLE EMERGENCY DISTRIBUTION REQUEST

PERSONAL DATA

Name (Please Print)

Last 4 of SSN/Account Number

Home Address

Date of Birth

City

State

Zip

Home Telephone Number

Employer

Work Telephone Number

DISTRIBUTION INSTRUCTIONS

My Financial Hardship is due to the following circumstance(s):

- Sudden and unexpected illness or accident, resulting in medical expenses not reimbursed by insurance
- Loss of property due to casualty not reimbursed by insurance
- Other similar **extraordinary** and **unforeseeable** circumstances arising as a result of events beyond my control
- Loss of Income

Explanation:

I request a distribution in the amount of \$ _____. I have enclosed documentation to support the full amount requested. **(Please note that the amount approved must be supported by the documentation you provide. If the approved amount exceeds the balance of your account, the full account balance will be distributed to you.)**

TAX INFORMATION

All distributions are subject to federal, applicable state and local taxes. An Unforeseeable Emergency Distribution is subject to 10% federal tax withholding. However, this amount is not mandatory and can be adjusted. Payments will be reported on a 1099-R form.

Please select one option. (If you do not select an option, we will use the 10% default withholding.)

- No taxes withheld:** Do not withhold federal taxes from my distribution. I will be liable for all federal taxes that may result from this distribution.
- 10% default withholding:** Withhold the default of 10% to accommodate federal taxes on the taxable portion of my distribution. I will receive the approved amount of my request (by check or direct deposit), and the total distribution amount will be higher to include federal tax withholding.
- Other tax withholding (must be higher than 10%):** _____% Increase the distribution amount to accommodate federal tax withholding on the taxable portion of my distribution. I will receive the approved amount of my request (by check or direct deposit), and the total distribution amount will be higher to include federal tax withholding.

The Plan is not required to withhold for state income tax purposes. If you want a portion of your distribution withheld for state purposes, please complete the following:

I am requesting a withholding rate of _____% for the state of _____.

DIRECT DEPOSIT INSTRUCTIONS

Check only one option: * Checking Account Savings Account

* Please note: You must include verification from your bank confirming your account number and ABA number (ex: voided check for checking account or letter from bank confirming savings account and ABA number)

STAPLE VOIDED CHECK HERE

Bank/Credit Union Name _____

Account Number _____

ABA NUMBER (First nine digits only) I: / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / I:

Your ABA number appears at the bottom of your checks between the markings indicated above.

Bank or Credit Union Telephone Number: (_____) _____

Note: Direct deposit is only offered through members of the Automatic Clearing House (ACH).

Is this account associated with a brokerage firm or other investment firm? Yes No

If yes, have you confirmed that the ABA and account numbers are correct? Yes No

I understand that the gross amount of the Unforeseeable Emergency Distribution will be calculated such that, after withholding taxes, the net amount will be as close to the amount approved as necessary to meet my financial need.

ACKNOWLEDGEMENTS

By signing this application, I hereby acknowledge the following:

- ◆ I have **exhausted all other sources available** to meet my financial need described above and the amount I requested is only the amount that I reasonably require to satisfy the emergency need.
- ◆ My financial need cannot be relieved:
 - through reimbursement or compensation by insurance or otherwise;
 - by a loan or a financial hardship distribution from a 401(k) plan (if available), or other qualified plan;
 - by liquidation of my assets, to the extent such liquidation would not itself cause severe financial hardship; or
 - by cessation of deferrals under the Plan.
- ◆ **I have attached documentation supporting this request for an unforeseeable emergency distribution.**
- ◆ **I understand that these funds are taxable to me in the year that I receive them.**
- ◆ **Unforeseeable Emergency Distributions are not an eligible Rollover distribution.**
- ◆ **Any outstanding loan balance will continue to be active and payments will be required.**

AUTHORIZATION

I attest that the information provided on this form is true. I understand that I may be subject to civil and criminal liability for any false statement on this form or any papers attached or related to this form. I understand that mutual funds may impose a short-term trade fee and that I should read the underlying prospectuses carefully for more information.

Participant Signature _____

Date _____

Please return this form with appropriate documentation to: New York State Deferred Compensation Plan
Administrative Service Agency
P.O. Box 182797
Columbus, OH 43218-2797
OR Fax to: 1-877-677-4329

When faxing paperwork, please allow two hours from receipt for it to be processed. If your fax is sent after 3 p.m. your paperwork will be processed on the next business day.

Overnight Address: New York State Deferred Compensation Plan
Administrative Service Agency, DSPF-F2
3400 Southpark Place, Suite A
Grove City, OH 43123-4856

DC-3789-0417