457 DEFERRED COMPENSATION PLAN EMERGENCY WITHDRAWAL PACKET





INTRODUCTION

Your deferred compensation plan, with its tax-deferred feature, is one of the best ways you have available to accumulate savings for retirement. Emergencies, however, do occur. A strictly defined Internal Revenue Code (the Code) provision in your deferred compensation plan allows withdrawals in the event of an unforeseeable emergency. These withdrawals are an exception from normal retirement benefits under the plan.

If you are separated from service, do not use this packet, since you are eligible for a withdrawal at any time. Instead, please call ICMA-RC and request a 457 Benefit Withdrawal Packet.

DEFINITION

Unforeseeable emergencies within a Section 457 deferred compensation plan are very strictly defined by Internal Revenue Code provisions. Deferred compensation is for retirement purposes. Its tax-deferred privileges are granted because funds are not readily available to the participant.

A plan not operating in compliance with the Code and IRS regulations is at risk of being deemed ineligible, with all plan assets immediately taxed. ICMA-RC assists with the compliance status of emergency withdrawal requests to protect the tax-deferred status of the assets in your employer's plan.

An unforeseeable emergency is defined as a severe financial hardship created by:

- sudden and unexpected illness or accident to you or your dependents,
- loss of, or damage to, your property due to an accident, disaster, destruction or theft, or
- other similar, equally severe and *unforeseeable* circumstances beyond your control.

Assets in your deferred compensation account must represent a last resort. The emergency situation must be one that cannot be relieved through insurance reimbursement, cash in savings accounts and credit unions, cash value of life insurance or the liquidation of other assets, a loan from your deferred compensation account, or ceasing contributions.

For an emergency to comply with the Code and IRS regulations, it must satisfy **all** of the following:

Financial hardship must be severe and beyond your control.

- Funds in your deferred compensation account must represent a last resort.
- Emergency circumstances must be *sudden*, unexpected, and unbudgetable.
- In the event of sudden illness, financial hardship must result from events affecting you or a dependent who can be claimed on your tax return.

Although there is no limit on the number of emergency withdrawals that may be made, each request must satisfy all of the conditions above.

ELIGIBILITY TEST

To test whether or not your particular situation might qualify as an emergency, pose these key questions:

- If the situation is not one specifically allowed by the regulations, is it as severe a hardship as, for example, sudden illness or accident?
- Is the situation unforeseeable and beyond your control?
- Could you have budgeted for the situation?
- Are you eligible for a loan to cover the emergency from your 457 plan?

EXAMPLES OF QUALIFYING AND NON-QUALIFYING CIRCUMSTANCES

Regulations under the Code offer only four covered specific circumstances:

- 1) medical expenses resulting from your sudden illness or accident
- 2) medical expenses resulting from the sudden illness or accident of one of your dependents
- 3) loss of property due to casualty
- 4) other similar extraordinary and unforeseeable circumstances arising as a result of events beyond your control.

In all of these circumstances, if insurance covers the expenses, deferred compensation assets may not be withdrawn. Specific events not considered emergencies by the IRS are purchase of real estate and payment of college tuition. Other situations may not comply with IRS regulations. Please see the table on the next page for a list of potential examples of qualifying and non-qualifying requests.

Examples of Non-Qualifying Requests Examples of Qualifying Requests • Lost wages (realized) Purchase of a home or automobile Medical bills resulting from an accident or unexpected • Education expenses, such as college tuition illness that are not covered by insurance Normal monthly expenses, including rent or mortgage • Damage to your home due to an accident or natural payments, utilities, credit card bills and car payments **disaster** (beyond insurance reimbursement) • Loss of overtime or second job • Damage to your car or other personal property due to Routine medical and dental bills, elective/cosmetic an accident or natural disaster (beyond insurance surgery, or orthodontia reimbursement) Normal maternity leave • Loss of your property due to theft (beyond insurance reimbursement) • Routine home or auto maintenance • Legal bills involving criminal charges against you or Tax liability (payment of income tax, back taxes, or your dependent(s) fines associated with back taxes)* • Expenses associated with the imminent foreclosure of, Travel expenses or eviction from, a participant's residence Personal bankruptcy (except when resulting directly • Non-refundable deductibles and prescription medicine and solely from illness or casualty loss)* expenses associated with medical expenses resulting from the *sudden* illness or accident of you or one of Legal expenses (except in criminal cases) your dependents Marital separation, divorce or child support* • Funeral expenses for a spouse or dependent Repayment of loans Please note: Unreimbursed medical expenses and expenses related to *Although not reflected in the Internal Revenue Code, the IRS has property loss or damage must be incurred and supported by bills stated in question-and-answer sessions that these situations would not estimates will not be accepted.

EMERGENCY WITHDRAWAL PROCEDURES

Before an emergency withdrawal disbursement is made, you must:

- Determine that suspending contributions will not satisfy the financial need
- Exhaust all available loan options from your deferred compensation or defined contribution account(s)
- Obtain all proper documentation

comply.

Obtain your employer's authorization

Documenting Your Request

The Emergency Withdrawal Form asks you to describe the emergency and confirm that it meets the guidelines. The form requires that you attach any documents supporting your request, including information about the circumstances, financial impact of the emergency, and the nature of your

other resources available to meet the emergency. For example, a request for lost wages should include:

- a pay stub showing your normal pay rate
- pay stubs showing no wages and all leave balances exhausted
- a letter from your employer (or doctor, if applicable) explaining the reason for your absence.

If you do not provide adequate documentation with your emergency withdrawal request, processing may be delayed. Before submitting your request, be sure that you have included the following:

- Fully completed *Emergency Withdrawal Form*
- Fully completed *Emergency Withdrawal Worksheet*
- Copies of bills detailing unreimbursed medical expenses or property damage/loss

- Proof of denial of insurance coverage
- Evidence of lost wages (pay stubs, employer/doctor letter, etc.)
- ✓ Any other supporting documentation that would assist in determining whether your request qualifies

Once you have completed the form, submit it and other documentation to your employer.

Obtaining Employer Authorization

Under the Internal Revenue Code, only your employer can authorize an emergency withdrawal. Upon request, ICMA-RC will provide an opinion to the employer concerning the likely compliance of the emergency situation within the requirements of the Code and regulations.

Please be aware that if your employer seeks ICMA-RC's guidance, your request will be delayed. In order to expedite processing, please include adequate documentation verifying your emergency and the amount needed to cover the emergency.

PROCESSING AND DISBURSEMENTS

Amount

You may only withdraw reasonably sufficient funds needed to satisfy the emergency plus the tax liability on that amount.

In Section 2 on the form, please record the actual amount needed to cover your emergency and select whether the amount should be increased "grossed-up" for Federal and state income taxes. When checks are "grossed-up" for taxes, the net amount will be within \$1.00 due to rounding. Also, ICMA-RC will only "gross-up" checks for state income tax if you select a percent or no state income tax withholding. If no state income tax selection is made and you select "gross-up", ICMA-RC will only "gross-up" for Federal income tax withholding.

Example - your actual emergency is \$1,000, you elect 10% Federal income tax withholding, you elect 3% 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 at the rate of 3%
- 4. Should the withdrawal amount be increased "grossed-up" to cover the Federal and state income tax withholding?

Yes I

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

Taxation and Withholding Requirements

As you are aware, the money you have deferred has not been included in your gross income. No federal or state income taxes have been paid. If your emergency withdrawal request is granted, you will receive a Form 1099-R at the end of the year. You will have to include the total amount withdrawn in your gross income for the tax year in which you receive this payment.

Because an emergency withdrawal from your 457 deferred compensation plan is not considered an "eligible rollover distribution" by the Internal Revenue Service, it is not subject to the 20% mandatory withholding requirement. ICMA-RC is required to withhold Federal and state income tax unless you provide instructions on the form. Regardless of your withholding election, you are ultimately liable for payment of Federal and state income tax on your payment. If no withholding instructions are provided, ICMA-RC will withhold 10% for Federal income taxes and will withhold the applicable state income taxes.

ICMA-RC Processing

Submitting inadequate documentation to your employer will delay the processing of your withdrawal request.

Upon receipt of your employer-approved request, ICMA-RC will review it for completeness. Be sure to include your daytime phone number on page 1 of the form, so ICMA-RC can contact with you if necessary.

Disbursement

Payments for emergency withdrawals are made daily from participant accounts. Completed requests with your employer's signed approval should be mailed to:

ICMA Retirement Corporation Attn: Records Management Unit P.O. Box 96220 Washington, DC, 20090-6220

Please Note: Not providing all necessary information and documentation may result in your payment being delayed.

For further information, please contact
Investor Services toll free at
1-800-669-7400



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• Please submit this request to your employer for authorization PRIOR to sending it to ICMA-RC.

T Employee Informa-	Employer Plan Number Employer Plan Name					
tion	Social Security Number	Date of Birth	Daytime Phone Numbe	Married Single r		
All Information in this Box			()			
Must Always be Completed to Avoid a	Full Name of Participant	Month Day Year	Area Code			
Delay in Processing.	Last	First		M.I.		
	Mailing Address/Street		Date of Hire			
	City	State Zi _l	p Code	ear		
for Emergency Withdrawal	Step 1 Does the situation Sudden, unexpected illi Sudden, unexpected illi Loss of the participant's Similar extraordinary u If you answered "No" to a Step 2 Was the situation? A severe financial hard Unforeseeable, beyond If you answered "No" to a Step 3 Can any of the folio Insurance proceeds Taking a loan from you Suspension of deferred Liquidating assets such Only required if ceasing large amount and your would be satisfied by ceasing large amount and your would be satisfied	d your control, and could not be budgeted for either of the questions in Step 2, you probable budgeted for either of the questions in Step 2, you probable budgeted for the plan action (s) provide funds to cover this sign 457 plan (if the plan allows) decompensation contributions* as a savings account** geometributions would satisfy the hardship or if your current contributions are for a small amount, ceasing contributions for a period of time, the requested itself constitute a hardship and the following for the questions in Step 3, you probable mentation to explain and verify your situation ional sheets/documentation as needed. We mentation or explanation on why this situation wages, a pay stub with your normal pay rate and the reason is or car/home repair work must have an explain	Yes No Yes No Yes No Yes No Yes No Odo NOT qualify for a emergency with Yes No Yes	hdrawal. withdrawal. he request is for a r, if the request withdrawal. en provided, but eseen assets tter from your		
	please attach addit Supporting docu Supporting docu Supporting docu Supporting docu For incurred lost employer explair Any medical bills	ional sheets/documentation as needed. We mentation or explanation on why this situation wages, a pay stub with your normal pay rate ning the reason	recommend you supply: on was sudden / unexpected / u on is severe on is not covered by insurance on can not be covered by liquic e, a pay stub with no wages, an	unfore dating d a le		



Employer Plan Number

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Social Security Number

3 Withdrawal Request	 1. Amount requested to cover the actual emergency \$
4 Mailing Options	Send Payment To: Permanent Address Alternate address (mailing address different from permanent address):
	City State Zip Code Check mailed to Financial Institution (Not considered a Rollover) Bank/Institution Name Address City State Zip Code Account Number
5 Participant Authoriza- tion	As required by law and under penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I provided for myself is correct. Participant Signature: Date: PLEASE SUBMIT THIS REQUEST TO YOUR EMPLOYER FOR AUTHORIZATION PRIOR TO SENDING TO ICMA-RC.
6 Employer Authorization For Employer's Use Only	As the authorized official for the employer, I certify that this request has been reviewed and hereby direct ICMA-RC to disburse funds immediately to the individual named on this request. Employer's Signature: Date: Name of Employer Authorized Official (Please Print):
	Employer Authorized Official's Title:

6/2005



457 DEFERRED COMPENSATION PLAN EMERGENCY WITHDRAWAL WORKSHEET

Employer Plan Number

Social Security Number

This worksheet may assist your employer in authorizing your emergency withdrawal request. Please provide as much documentation as possible. (For example, include copies of recent utility bills, mortgage payments, medical bills, bank statements.) Submit the completed worksheet and Emergency Withdrawal Form to your employer for processing. **ASSETS LIQUID ASSETS FIXED ASSETS** SAVINGS: RESIDENCE: Credit Union Market value Bank OTHER REAL ESTATE \$ _____ \$ _____ AUTOMOBILES Checking \$_____ Cash on hand **OWNERSHIP INTERESTS** IN SMALL BUSINESS \$ PERSONAL PROPERTY \$_____ OTHER \$ _____ **INVESTMENTS:** Mutual Funds \$ _____ 401(a) or 401(k)* \$_____ IRA Cash value of life insurance \$ _____ Other \$ _____ TOTAL LIQUID ASSETS \$ _____ TOTAL FIXED ASSETS \$_____ *May not be liquid **LIABILITIES SHORT-TERM LIABILITIES LONG-TERM LIABILITIES** (OUTSTANDING BILLS) (LOAN BALANCES) TAXES DUE **MORTGAGE** \$_____ INSURANCE PREMIUMS \$ **AUTO LOAN** RENT OR MORTGAGE **EDUCATION** \$ _____ \$_____ UTILITIES PERSONAL LOANS **CHARGE ACCOUNTS** \$ _____ OTHER \$ _____ **CAR PAYMENT** \$ _____ MEDICAL BILLS OTHER **TOTAL SHORT-TERM TOTAL LONG-TERM** LIABILITIES LIABILITIES



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