

Participant Information

_____			_____		
Last Name		First Name	MI		
_____					
Social Security Number					
_____					
Account Extension (if applicable)					
_____					
E-Mail Address					
_____					
( ) _____		( ) _____			
Home Phone		Work Phone			
		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		Mo	Day
		Please Select One:		Year	
		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien		Date of Birth	
		<input type="checkbox"/> Non-Resident Alien			
		Country of Residence _____ (Required)			

A check made payable to you will be mailed to your address on file unless otherwise requested in the Address Change/Alternate Mailing Address section below. You may confirm the address on file by accessing your account online at www.mlr.metlife.com. If you have recently changed your address or have any questions regarding the address on file, please contact our Client Service Department at 1-800-543-2520. **If you require an address change that is submitted the same day this request is submitted, or if you are requesting an alternate mailing address, you must have your signature notarized or witnessed by your Plan Administrator in the section below.** Beneficiary Account - If you acquired this account due to the death of the participant do not complete this form, instead complete a Death Benefit Claim Request form.

Unforeseeable Emergency Withdrawal Amount

Please specify the dollar amount you are requesting to satisfy your unforeseeable emergency: \$ \_\_\_\_\_  Net Amount

If your request is approved, the withdrawal of funds will be processed on a pro-rata basis across all available investment options.

Unforeseeable Emergency Withdrawal Reason

- An illness or accident (including a spouse or dependent); or
- Loss of property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g., as a result of a natural disaster); or
- Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant such as:
  - The imminent foreclosure of or eviction from a primary residence;
  - The need to pay medical expenses, including nonrefundable deductibles, as well as the cost of prescription drug medication; or
  - The need to pay funeral expenses of a spouse or dependent (as defined in the Internal Revenue Code under section 152(a) without regard to sections 152(b)(1), (b)(2) and (d)(1)(B))

**You must complete the attached Application for Unforeseeable Emergency Withdrawal Request and provide documentation to support your claim.**

**Do not complete this form if you have separated from service.**

- Check this box if you are requesting a withdrawal due to an unforeseeable emergency experienced by your beneficiary. If your Plan allows it, you must check one of the reasons above and provide financial information, statements and supporting documentation for your beneficiary in addition to your own.



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

**Address Change/Alternate Mailing Address**

**Primary Residence Address Change** - I understand that a check made payable to me requested on this form will be mailed to my new primary address I provided on this form.

**For Active Employees Only** - I understand that it is my responsibility to update my address with my employer in addition to changing my primary address on this form. Failure to do so will/may result in my address being incorrect on Service Provider's records. A current address is essential for correspondence and tax purposes.

\_\_\_\_\_  
Address - Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Alternate Mailing Address** - I understand that this address will be used for a one-time partial distribution of my account.

\_\_\_\_\_  
Address - Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**If you request an address change that is submitted the same day this request is submitted, or if you are requesting an alternate mailing address, you must have your signature notarized or witnessed by your Plan Administrator. The date you sign below must match the date on which your signature was notarized or witnessed by your Plan Administrator.**

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

\_\_\_\_\_  
Date

**Statement of Notary**

**NOTE: Notary seal must be visible, if applicable.**

State of \_\_\_\_\_ ) This request was subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
)ss. year \_\_\_\_\_, by \_\_\_\_\_ (name of participant) proved to me on the basis  
County of \_\_\_\_\_ ) of satisfactory evidence to be the person who appeared before me.

**SEAL**

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

**-OR-**

**Statement of Plan Administrator**

I certify that the participant signed the Address Change/Alternate Mailing Address section in my presence.

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_\_  
Date

**Distribution Delivery**

- Check**
- Express Delivery** - \$25.00 non-refundable charge - Express delivery available Monday through Friday only. Not available to P.O. boxes.
- ACH** - Available for a \$15.00 non-refundable charge. ACH credit can only be made into a United States financial institution.
  - Checking Account - must attach preprinted voided check
  - Savings Account - must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes your name, savings account number and ABA routing number

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
ABA Routing Number

\_\_\_\_\_  
Financial Institution Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip Code

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

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**Federal and State Income Tax Withholding - Applies to all applicable money sources**

**Federal Income Tax** - We will withhold 10% for federal income tax.

If you would like **additional** federal income tax withheld, indicate amount \$ \_\_\_\_\_ or \_\_\_\_\_ % of the withdrawal amount.

Do NOT withhold federal income tax from my unforeseeable emergency withdrawal.

**State Income Tax** - If you live in a state that mandates state income tax withholding, it will be withheld.

Check here if you live in a state that does not mandate state income tax withholding and would like state income tax withheld.

If you would like **additional** state income tax withheld, indicate amount \$ \_\_\_\_\_ or \_\_\_\_\_ % of the withdrawal amount.

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**Required Signature(s)**

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

I understand that the Internal Revenue Code and my Section 457(b) Plan prohibits distributions prior to occurrence of certain events. I am requesting a distribution due to an unforeseeable emergency within the meaning of Section 457 of the Code and my Section 457(b) Plan, and understand that the Plan has an authority to approve or reject my request. I understand that supporting documentation must be provided to substantiate my unforeseeable emergency withdrawal request.

I have read, completed and attached Unforeseeable Emergency Withdrawal Application with this request. I hereby certify under penalty of perjury that information provided by me on this withdrawal request, application and supporting documentation, is true and accurate.

I have obtained all available distributions, other than unforeseeable emergency distribution, and all nontaxable loans currently available under all plans maintained by my employer (or related employers).

I certify that I cannot obtain the needed funds from any other available resources such as reimbursement or compensation from insurance, cessation of deferrals under the Plan, loans, liquidation of other assets to the extent the liquidation of such assets would not itself cause a severe financial hardship, or by any other means available to me. I understand that the amount of unforeseeable emergency distribution may be limited under the terms of the Plan and can never exceed my vested account balance.

I understand I am responsible for any applicable income tax and/or penalties on this distribution.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held for less than the period stated in the fund's prospectus or other disclosure documents. I acknowledge that the fee imposed by the fund company will be deducted from my account. I will refer to the fund's prospectus and/or disclosure documents for more information.

Under penalty of perjury, I certify that a Social Security number (or a Taxpayer Identification Number) as shown on the first page of this request is correct, and that I am a U.S. person if I checked the U.S. Citizen box or the U.S. Resident Alien box on this withdrawal request form.

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**Participant** forward to Service Provider at:

MetLife c/o FASCore, LLC

PO Box 173768

Denver, CO 80217-3768

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-800-543-2520

**Fax #:** 1-866-745-5766

**Website:** [www.mlr.metlife.com](http://www.mlr.metlife.com)

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**Unforeseeable Emergency Withdrawal Certification**

Your Section 457(b) Plan permits unforeseeable emergency withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan that the reason for such withdrawal complies with applicable requirements under Internal Revenue Code and the Plan. You can only request an unforeseeable emergency withdrawal if you find that your situation warrants such request and you have sufficient documentation to support it.

The amount that may be distributed from the Plan is limited to the amount reasonably necessary to meet the unforeseeable emergency need after all other financial means available to you are taken into consideration.

If you elect not to have federal income tax withheld or if you do not have enough federal or state income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your income tax withholding and estimated tax payments are not sufficient.

Indicate the amount of the unforeseeable emergency on the line provided. The amount you request will be a gross amount; that is, federal and/or state income tax will be withheld from your requested amount (unless the Net Amount box has been selected). The unforeseeable emergency amount will be automatically prorated against all of your available investment options.

**Express Delivery** - Express delivery is available for full or partial distributions only. The amount of your distributable check will be reduced by \$25.00 for this service. Express delivery is only available Monday through Friday and is not available to P.O. boxes. Delivery is not guaranteed to all areas.

**Automated Clearing House (ACH)** - Check this box and complete this section only if you want your payment to be electronically deposited into your checking or savings account. You may not designate a business account or an IRA. Available on a one-time partial distribution payment to self for a \$15.00 non-refundable charge. ACH credit can only be made into a United States financial institution (bank/credit union). If you are requesting a one-time partial distribution payment to self, your payment amount will be reduced by \$15.00 for this service. Complete the financial institution name,

account number, ABA routing number, financial institution mailing address, city, state and zip code. For a checking account, you must attach a preprinted voided check. If a preprinted check is not available, you must attach a signed letter from your financial institution, on their letterhead, that confirms the ABA routing number and your name and account number. For a savings account, you must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes your name, savings account number and ABA routing number.

By choosing an ACH credit to your financial institution account, you are authorizing Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to your checking or savings account. You are also authorizing your financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. Service Provider will make payments in accordance with the directions you have specified on the Unforeseeable Emergency until such time that you notify Service Provider in writing that you wish to cancel the ACH agreement. You must provide notice of cancellation at least 30 days prior to a payment date for the cancellation to be effective with respect to all of your subsequent payments.

Service Provider reserves the right to terminate the ACH transfers for any reason and will notify you in the event of such termination by sending notice to your last known address on file with Service Provider.

It is your obligation to notify Service Provider of any address or other changes affecting your electronic fund transfers prior to your payment date. You are solely responsible for any consequences and/or liabilities that may arise out of your failure to provide such notification.

By selecting an ACH method of delivery, you acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Unforeseeable Emergency. By selecting this method of distribution delivery, you are authorizing and directing your financial institution not to hold any overpayments made by Service Provider on your behalf, or on behalf of your estate or any current or future joint account holder, if applicable.

**Income Tax Withholding Applicable to Payments Delivered Outside the U.S.**

If you are a U.S. citizen or resident alien and your payment is to be delivered outside the U.S. or its possessions, you may not elect out of federal income tax withholding.

If you are a non-resident alien you must attach IRS Form W-8BEN with an original signature. In general, the income tax withholding rate applicable to your payment is 30% unless a reduced rate applies because your country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced income tax withholding rate or an exemption from income tax withholding. To obtain the IRS Form W-8BEN, call 1-800-TAX-FORM.

Contact your tax professional for more information.

**Unforeseeable Emergency Approval and Effective Date** - Before processing your unforeseeable emergency withdrawal request, Service Provider must first receive all required documentation. This request cannot be approved without proof of an unforeseeable emergency. If any documentation is missing, your request will not be processed until you submit the required documentation. The effective date of your unforeseeable emergency withdrawal request will not be until after the unforeseeable emergency approval.

# UNFORESEEABLE EMERGENCY WITHDRAWAL APPLICATION and GUIDELINES

These guidelines provide general information with respect to the requirements imposed by the Internal Revenue Service on a Participant's ability to receive a distribution based upon an unforeseeable emergency. To the extent that the provisions of these instructions differ in any respect from the terms of the Plan or current or future federal laws and regulations governing unforeseeable emergency withdrawals, the terms of the plan document and applicable federal laws and regulations will control.

Your Section 457(b) Plan permits unforeseeable emergency withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan that the reason for such withdrawal complies with applicable requirements under the Internal Revenue Code and the Plan. You can only request an unforeseeable emergency withdrawal if your situation warrants such request and you have sufficient documentation to support it.

An unforeseeable emergency is defined in the Treasury Regulations as a severe financial hardship of the participant or beneficiary resulting from one of the following:

- 1) An illness or accident of the participant or beneficiary, participant's or beneficiary's spouse, or participant's or beneficiary's dependent (as defined in the Internal Revenue Code under section 152 without regard to sections 152(b)(1), (b)(2) and (d)(1)(B));
- 2) Loss of participant's or beneficiary's property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g., as a result of a natural disaster); or
- 3) Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or the beneficiary, such as:
  - a) The imminent foreclosure of or eviction from the participant's or beneficiary's primary residence;
  - b) The need to pay for medical expenses, including nonrefundable deductibles, as well as the cost of prescription drug medication; or
  - c) The need to pay for burial or funeral expenses for a spouse or a dependent (as defined in the Internal Revenue Code under Section 152 without regard to sections 152(b)(1), (b)(2) and (d)(1)(B)) of a participant or beneficiary.

However, your Section 457(b) Plan may define an unforeseeable emergency differently. It is your responsibility to check with your Service Provider prior to requesting a withdrawal due to an unforeseeable emergency of your beneficiary.

Withdrawals will not be allowed in cases where a participant had significant control and failed to exercise prudent judgment as to the cause of the emergency. Typically, the following examples of situations are not considered eligible for an unforeseeable emergency withdrawal: payment of college tuition, purchase of real estate, payment of an elective medical or dental procedure, a payment of ordinary living expenses such as mortgage, auto payment and utilities, payment of loans, payment of taxes, interest or penalties, personal bankruptcy, unless it results directly and solely from an illness, casualty loss or other similar extraordinary and unforeseeable circumstance; or marital separation or divorce.

The amount that may be distributed from the Plan is limited to the amount reasonably necessary to meet the unforeseeable emergency need after all other financial means available to you are taken into consideration. An unforeseeable emergency withdrawal will not be paid to the extent that the financial hardship is or may be relieved through reimbursement or compensation from insurance or otherwise, by cessation of deferrals under the Plan, by liquidation of other assets (including the assets of the your spouse and minor children that are reasonably available to you) to the extent that this liquidation would not itself cause a severe financial hardship, or by any other means available to you. In addition, prior to requesting this unforeseeable emergency withdrawal you may be required to receive all available distributions (other than unforeseeable emergency distributions), and all available non taxable loans, from this and all other plans maintained by your employer (including a related employer), and may be required to suspend any elective deferrals to this Plan and other plans maintained by your employer.

If you have made a good faith effort to satisfy your need for emergency funds through all available resources, if your situation complies with each of the above requirements, and if you have exhausted all other resources, you may apply for an unforeseeable emergency withdrawal by completing the attached forms. They are designed to provide information regarding the nature of your "unforeseeable emergency," and to determine if you have other appropriate financial resources available to alleviate the severe financial hardship. Without such evidence, your request cannot be considered. Please fill out all forms completely.

In the event that your request for an unforeseeable emergency withdrawal is approved, you may be subject to a deferral suspension period after your unforeseeable emergency withdrawal is paid to you.

If your request is granted, the unforeseeable emergency distribution is subject to ordinary income tax and taxes will be withheld from the amount distributed. If you elect not to have federal income tax withheld or if you do not have enough federal or state income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your income tax withholding and estimated tax payments are not sufficient.

Any Participant or his or her duly appointed representative who intentionally submits misleading or fabricated information on the application for an unforeseeable emergency withdrawal will be held liable and may lead to appropriate legal action.

# APPLICATION

## UNFORESEEABLE EMERGENCY WITHDRAWAL

The applicant must provide the following detailed information. INCOMPLETE FORMS WILL NOT BE REVIEWED

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

1. An unexpected severe financial emergency has arisen which necessitates my request of a cash withdrawal from my Section 457(b) plan.

I AM REQUESTING \$ \_\_\_\_\_, an amount that does not exceed the amount reasonably needed to alleviate my severe financial hardship.

2. List the expenses directly related to your Unforeseeable emergency that are not reimbursable through insurance or otherwise. Attach a copy of each outstanding bill to document this amount:

ONE TIME EXPENSE(S) – Bill(s) owed to:	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

Provide explanation of NATURE AND CAUSES of the unforeseeable emergency. Be as **precise** as you can, including relevant dates. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* If you are requesting an unforeseeable emergency withdrawal on behalf of your beneficiary, in addition to your information, you will be required to provide your beneficiary's Financial Statements, Checklist and supporting documentation.

List below the steps you have taken to establish a monthly payment plan for any outstanding bills submitted by you for consideration. Attach additional sheets if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I cannot satisfy this emergency with insurance proceeds because: (check one)

- I have no insurance
- Insurance refuses to pay or coverage is not available (you must supply documentation, such as a letter from your insurer)

4. My deferral amount was \$ \_\_\_\_\_  weekly  bi-weekly  semi-monthly  monthly

If applicable, I stopped deferrals on \_\_\_\_\_.

5. Have you made a previous unforeseeable emergency withdrawal request? If so, please provide the date(s) and check the appropriate box.

_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

6. List the names and addresses of all financial institutions you have contacted regarding a loan to satisfy your financial needs. Attach letters of acceptance or denial to support your request and show a good faith effort was made prior to applying for the unforeseeable emergency withdrawal.

NAME AND ADDRESS OF FINANCIAL INSTITUTION	APPROVED/DENIED
_____	_____
_____	_____
_____	_____

## FINANCIAL STATEMENTS

**A. ASSETS** You must include copies of all bank statements, property assessments, life insurance policies, and any other available

1. Cash on hand	\$ _____
2. Checking account	\$ _____
3. Savings account	\$ _____
4. Stocks/Bonds:	\$ _____
5. Mutual Funds & other marketable securities	\$ _____
6. Cash value of life insurance:	\$ _____
7. Monies owed to you (private/personal loan):	\$ _____
8. IRA	\$ _____
9. Other _____	\$ _____
10. Other _____	\$ _____
<b>TOTAL Liquid Assets*:</b>	<b>\$ _____</b>
1. Value of Residence	\$ _____
2. Other Real Estate owned	\$ _____
3. Automobiles	\$ _____
4. Value of Personal Property:	\$ _____
5. Ownership in business	\$ _____
6. Other _____	\$ _____
7. Other _____	\$ _____
<b>TOTAL Fixed Assets:</b>	<b>\$ _____</b>
<b>TOTAL Liquid and Fixed Assets:</b>	<b>\$ _____</b>

\*If you have not liquidated your assets, you should do so before an unforeseeable emergency is requested, unless liquidation of your assets would itself cause severe financial hardship.

**B. INCOME** List all sources of income. Attach copies of most recent payroll statements for all sources of income from work and copies of the last two (2) years' tax returns.

**MONTHLY INCOME**

- 1. Your gross income from work \$ \_\_\_\_\_
  - 2. Spouse's gross income from work \$ \_\_\_\_\_
  - 3. Rental Income \$ \_\_\_\_\_
  - 4. Dividends, interest, etc.: \$ \_\_\_\_\_
  - 5. Business income: \$ \_\_\_\_\_
  - 6. All other income (such as alimony, child support, etc.)
    - Source: \_\_\_\_\_ \$ \_\_\_\_\_
    - Source: \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL Monthly Income: \$ \_\_\_\_\_**

**EXPENSES/LIABILITIES:** List all debts. Attach additional sheet if necessary. Copies of bills owed or other evidence of debt *must* be attached or application will *not* be processed.

**a) LONG TERM DEBTS:** such as mortgage, car payments, personal loans, etc.

CREDITOR	PURPOSE	UNPAID BALANCE	MONTHLY EXPENSES MONTHLY PAYMENT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**b) CHARGE CARDS AND ACCOUNTS:**

BANK/CREDITOR	CREDIT LIMIT	PRESENT BALANCE	MONTHLY PAYMENT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**c) MONTHLY EXPENSES:**

- 1. Rent \$ \_\_\_\_\_
  - 2. Utilities and Telephone \$ \_\_\_\_\_
  - 3. Alimony/Child Support \$ \_\_\_\_\_
  - 4. Medical/Life Insurance: \$ \_\_\_\_\_
  - 5. Vehicle (gas, maintenance, insurance) \$ \_\_\_\_\_
  - 6. Food, clothing, household supplies \$ \_\_\_\_\_
  - 7. Other expenses \$ \_\_\_\_\_
- Source: \_\_\_\_\_ \$ \_\_\_\_\_
  - Source: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL Monthly Expenses: \$ \_\_\_\_\_**

**NET MONTHLY INCOME/LOSS**

**(TOTAL Monthly Income less TOTAL Monthly Expenses) \$ \_\_\_\_\_**

\* If you are requesting an unforeseeable emergency withdrawal on behalf of your beneficiary, in addition to your information, you will be required to provide your beneficiary's Financial Statements, Checklist and supporting documentation.

# CHECKLIST

## You must answer each question

1. Have you suspended future deferrals to the Plan?  Yes  No
2. Have you attached copies of payroll statements for the past 2 months?  Yes  No
3. Have you attached copies of the last two- (2) years' tax returns?  Yes  No
4. Have you included a written statement from your employer or your spouse's employer verifying loss of income?  Yes  No  N/A
5. Have you included a doctor statement detailing medical condition?  Yes  No  N/A
6. Have you included a copy of the insurance carrier's statement detailing which medical bills were not to be covered by insurance?  Yes  No  N/A
7. Have you included a copy of police/fire/disaster reports?  Yes  No  N/A
8. Have you included a copy of your insurance company's statement detailing which expenses associated with a natural disaster were not covered by insurance?  Yes  No  N/A
9. Have you included certified proof of a spouse or dependant's death and copies of bills for funeral expenses incurred by you or your beneficiary?  Yes  No  N/A
10. Have you included proof that the deceased can be claimed by you as a dependent?  Yes  No  N/A
11. Have you included a foreclosure or eviction notice?  Yes  No  N/A
12. Have you provided back-up documentation to prove that your situation was completely beyond your control?  Yes  No  N/A
13. Have you provided documentation to prove that you have completely, in good faith, sought other avenues to resolve your current obligations?  Yes  No
14. Have you included proof of application(s) for a loan?  Yes  No
15. Have you currently or in the past filed for protection under the U.S. bankruptcy court?  Yes  No  
If so, please provide supporting documentation and date(s)  
\_\_\_\_\_.
16. Have you included copies of all the bills supporting the amounts requested as unforeseeable emergency?  Yes  No

## **PARTICIPANT ACKNOWLEDGMENT AND SIGNATURE**

I hereby certify, under penalty of perjury, that the information provided in this application is accurate and complete and has been furnished solely for confidential use in evaluating my unforeseeable emergency withdrawal application.

**I understand that failure to complete all sections and provide required documentation might result in delay or denial of this request.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
WORK LOCATION

\_\_\_\_\_  
WORK PHONE NUMBER

\_\_\_\_\_  
HOME PHONE NUMBER