

457 Deferred Compensation Plan Financial Unforeseen Emergency Application

First Financial Administrators, Inc.



EMPLOYEE INFORMATION (Please Print)

FIRST NAME	MI	LAST NAME	SSN
ADDRESS <small>(PO Box Unacceptable)</small>		CITY	STATE
PHONE <small>(Between Hours of 8am-5pm)</small>	EMPLOYER	PROVIDER COMPANY NAME	
I REQUEST A WITHDRAWAL IN THE AMOUNT OF <small>(Amount not to exceed the hardship need)</small>		DATE OF LAST DEFERRAL	
\$ _____			

THE FOLLOWING DOCUMENTATION MUST BE PROVIDED FOR REVIEW/APPROVAL OF THE REQUEST: (Explanation of Each on Page 2)

1. Participants Letter of Circumstances
2. All Supporting Documentation
3. Investment Provider Withdrawal Request
4. Investment Provider Statement
5. Unforeseen Emergency Application (F-457UEA-0912)

I hereby certify that I have incurred an unforeseen financial emergency as defined by the Internal Revenue Service regulations §1.457-6(c)(2). I certify that one of the following circumstances does exist concerning the participant, or an immediate family member who depends upon the participant for support.

- A sudden and unexpected illness or accident of participant/dependant.
- Loss of personal property due to casualty
- Other similar extraordinary and unforeseen circumstances (such as: foreclosure, funeral expenses, etc.)

Unforeseeable emergencies are not allowed for a child's college education, purchase of a home, credit debt and other circumstances that are foreseen.

Your deferred compensation account is a supplemental retirement account and not a savings account. The income tax laws regulating this deferred compensation plan require that you have no other available source of funds before requesting a hardship withdrawal. If you have insurance, a savings account, other retirement plans, or if you have any assets, the sale of which would help pay the expenses of your emergency, then you must first make use of these resources before drawing on your deferred compensation account. If the sale of an asset would cause you further financial hardship, however, such sale is not required.

EMPLOYEE SIGNATURE (REQUIRED)

I hereby acknowledge that I have no other financial resources to meet my financial hardship, and all the facts I have presented are true and accurate. I fully understand that any distribution paid to me will be taken into account when determining the benefits to which I am entitled in the future and that said distribution must be reported as income in the year received. I further understand that this request is subject to approval by the Retirement Services Administrative Committee and agree to furnish further documentation upon request by the Plan Administrator.

EMPLOYEE SIGNATURE: _____ DATE _____

NOTARY

Subscribed and sworn before me this _____ day of _____, 20_____

NOTARY SIGNATURE: _____

My commision expires: _____

SEAL/STAMP

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UNFORESEEN EMERGENCY WITHDRAWAL REQUIREMENTS

Submit complete Investment Provider paperwork for transaction and the following form and/or documentation:

Participant letter of circumstances:

The participant must write a letter explaining why they are requesting the unforeseen emergency.

Investment Provider Withdraw Request:

The unforeseen emergency withdrawal request form from the provider you have invested your contribution with.

Investment Provider Statement:

Your quarterly statement received from the provider you have invested your contribution with.

Completed Financial Unforeseen Emergency Application:

Form F-457UEA-0912 (Must Be Notarized)

Supporting documentation:

You must provide evidence of expenses equal to or more than the amount you are requesting. The supporting documentation must match the reason stated in your letter of circumstances.

EXAMPLES OF DOCUMENTATION NEEDED:

Foreclosure:

- Provide the foreclosure notice / letter from your mortgage stating you are in jeopardy of foreclosure
- Provide a copy of your current mortgage statement

Medical:

- Medical bills indicating procedures done
- Insurance explanation of benefits (Insurance company will send once payment is made)
- Current bill from the provider once insurance company has paid. The bill must be within the month of the request and indicate the amount you owe.

Funeral expenses:

- Death certificate
- Funeral bill (must indicate the deceased and the name of the person responsible for the funeral expenses)