An unforeseeable emergency is defined as a severe financial unforeseeable emergency to you resulting from:

- A sudden and unexpected illness;
- An accident you or a dependent experienced;
- Loss of your property because of casualty; or
- Other similar extraordinary and unforeseen circumstances arising as a result of events beyond your control.

Approval for an unforeseeable emergency withdrawal is not automatic. If approved, you can receive up to the full amount of your 457 account balance. There is no tax penalty for this early withdrawal and the entire withdrawal is taxed as ordinary income.

Your decisions regarding an unforeseeable emergency withdrawal will have financial consequences as well as income tax implications. Therefore, you may wish to obtain the advice of a tax advisor before you request an emergency withdrawal.

This booklet contains the following information for your use:

- Required Documentation Checklist
- Unforeseeable Emergency Withdrawal Form

Do not complete this form if you have separated or retired from state service, or reached the age of 70½ and want a distribution.

An unforeseeable emergency is defined as 1) a severe financial unforeseeable emergency to the participant or a dependent resulting from a sudden and unexpected illness or accident (see “Definition of Dependent”); 2) a loss of the Participant’s property because of a casualty; or 3) other similar extraordinary and unforeseen circumstances arising as a result of events beyond the control of the participant.

To meet the criteria for an unforeseeable emergency withdrawal, you must first exhaust all other options. Refer to Section 3 - Available Options on the form.

The following expenditures are not considered unforeseeable emergencies:

- Home purchase
- Credit card debt
- Automobile purchase or repossession
- College expenses or other educational expenses
- Normal monthly bills, such as rent, utility bills (including shut-off), or mortgage payments (except when such bills result directly and solely from illness or casualty loss)
- Loans, including personal loans
- Elective surgery (not covered by medical insurance)
- Income tax or property tax, back taxes, or fines associated with back taxes
- Personal bankruptcy (except when it results directly and solely from illness or casualty loss)
- Divorce or marital separation
- Legal expenses (other than legal fees associated with complications of adoption)
- Wage garnishment
- Child Support
- Resignation
- Speculative business (self-employed)
- Moving Expenses

If you have Roth assets in your account, they will be included in the Hardship withdrawal. There are restrictions about early distribution of Roth assets, and they may be subject to an additional tax.
1. General Information (continued)

The amount available for an unforeseeable emergency withdrawal is based on your core funds only. If you have a Personal Choice Retirement Account (PCRA) and want your entire account balance to be considered, you will need to transfer your PCRA funds from your PCRA to your core funds prior to approval. You may need to liquidate securities; this action may take up to five business days. Payment is prorated among all your core funds. Savings Plus is required to withhold 10% of the amount withdrawn for Federal Income taxes unless you request otherwise by completing a Federal Withholding Certificate for Pension or Annuity Payments (W-4P). Additionally, all California residents are subject to state tax withholding at the rate that applies to married with three allowances unless you request otherwise by completing a California Withholding Certificate for Pension or Annuity Payments (DE-4P). A 1099-R will be issued by January 31 of the following year for tax reporting purposes.

Once all necessary documentation is received (see “Required Documentation” section below), your request is reviewed and a decision is made within 3-5 business days. You will be notified in writing of the final decision.

NOTE: If approved, you are prohibited for six months from contributing to any employee benefit plan maintained by the State of California. If you are currently contributing to the 457 or 401(k) Plan, we will automatically stop your deferrals.

Definition of Dependent

The definition of “dependent” is set forth in IRC Section 152 as either a “qualifying child” or a “qualifying relative.”

A qualifying child is someone who meets all the following criteria:
- Is a child or brother or sister (or stepbrother or stepsister) of the participant or a descendant of either
- Has the same principal place of residence as the participant for more than one-half the taxable year
- Has not yet turned age 19 (or is a student who has not yet turned age 24 as of the end of the taxable year)
- Has not provided more than one-half of his or her own support for the taxable year

A qualifying relative is someone who meets all the following criteria:
- Is a child (or a descendant), brother or sister (or stepbrother or stepsister), father or mother (or ancestor), stepmother or stepfather, niece or nephew, aunt or uncle, or in-law (father, mother, sister, brother, son, or daughter) of the participant or has the same principal place of residence as the participant (other than a spouse) and is a member of the participant’s household
- Income must not exceed the personal exemption amount as defined in Section 151 of the IRC
- Receives more than one-half his or her support in that taxable year from the participant
- Is not a “qualifying child” of any taxpayer in the taxable year

For purposes of an unforeseeable emergency application for funeral expenses, a “dependent” is any person who meets the definition of qualifying relative irrespective of his or her gross income or irrespective of whether he or she is also a qualifying child of any taxpayer.

Contact Information

Voice Response System: 855-616-4776, 24 hours a day, 7 days a week
Customer Service: 855-616-4776, 5:00 a.m. – 8:00 p.m. (PT), Monday–Friday
To speak with a customer service representative, press *0.
Office: Open 8:00 a.m. – 5:00 p.m. (PT), Monday–Friday
TTY: 800-848-0833
Website: savingsplusnow.com

2. Submission Instructions

Mail the original form to:
Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

or fax the completed form to: 877-677-4329

3. Required Documentation

After completing the Unforeseeable Emergency Withdrawal Form, please attach your required documentation to it and mail to the address above. All documentation is reviewed and does not guarantee approval of your request. In some cases, additional documentation may be requested.

See page three for supporting documentation needed to apply for an unforeseeable emergency withdrawal for specific reasons. NOTE: you are required to exhaust options to take a loan within the plan before an unforeseeable emergency is granted. All applicable documentation listed in the Required Documentation Checklist is required for each reason.
### 4. Required Documentation Checklist

<table>
<thead>
<tr>
<th>Reason</th>
<th>Required Documentation</th>
</tr>
</thead>
</table>
| Property Loss Due to Accident/Casualty | ☐ If you have insurance: a letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage  
☐ If you do not have insurance: a signed statement indicating you do not have insurance  
☐ Detailed repair estimate from a licensed contractor indicating the specific causes of the damage |
| Home Repair | ☐ If you have insurance: a letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage  
☐ If you do not have insurance: a signed statement indicating you do not have insurance  
☐ Detailed repair estimate from a licensed contractor |
| Repair of Primary Vehicle Due to Accident or Casualty | ☐ If you have insurance: a letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage  
☐ If you do not have insurance: a signed statement indicating you do not have insurance  
☐ Detailed repair estimate from a licensed mechanic indicating the make and model of the vehicle in need of repairs  
☐ If the result of an accident, official Police Report |
| Imminent Foreclosure/Eviction | ☐ If foreclosure, letter dated within 60 days from the mortgage company indicating the dollar amount needed to prevent imminent foreclosure or acceleration on your primary residence. Must include the property address of the loan under threat of foreclosure  
☐ If eviction, letter dated within 60 days from the landlord/leasing agency or court ordered eviction notice indicating the dollar amount needed to prevent imminent eviction from your primary residence |
| Customary Funeral/Burial Expenses | ☐ Detailed invoice from a funeral home and/or cemetery that itemizes the cost of funeral expenses for which you are responsible  
☐ Copies of receipts, booking information (air/hotel), and other travel expenses related to the funeral and/or burial |
| Medical/Dental/Prescription Expenses | ☐ If you have insurance: Explanation of Benefits forms from the insurance company indicating insurance coverage (or reasons for no coverage), patient responsibility, and dates of service for all charges  
☐ If you do not have insurance: Detailed bills indicating the dates of service for all charges and a signed statement indicating you do not have insurance  
☐ If the procedure could be considered cosmetic, a letter from a medical doctor/dentist indicating the reasons why the procedure is medically necessary  
☐ For future services: a pre-treatment estimate indicating insurance coverage and patient responsibility for all procedures that are to be performed and anticipated date of service—along with a statement from the provider showing that payment must be made before the treatment will be rendered |
| Involuntary Loss of Income (Participant or Spouse) due to Accident or Casualty | ☐ Letter from your employer indicating your dates of employment and the dates of work missed that you received reduced or no pay. The letter must indicate any sick/vacation pay, disability pay, worker’s compensation benefits, unemployment benefits, or any other form of compensation received while out of work  
☐ A copy of your last full pay stub indicating regular full pay rate, and if still employed, a current pay stub showing reduced pay  
☐ Documentation to show a minimum of 6 months of pay in the same position, or 1 year of similar pay  
☐ If applicable, documentation from the unemployment office listing when benefits start and the dollar amount you are eligible to receive  
☐ If from a personal business, letter from licensed physician indicating dates when you were medically unable to work, 1 year profit/loss statement, and Schedule C tax filings |
# 457 Unforeseeable Emergency Withdrawal Form

**Savings Plus**

Phone: 855-616-4SPN (4776) • savingsplusnow.com

Payments are issued within 3-5 business days of receipt of an approved form.

## 1. Participant Information

<table>
<thead>
<tr>
<th>Name: _________________________________</th>
<th>Account Number or SSN: _________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: ________________________________</td>
<td>Preferred Phone: ________________________________</td>
</tr>
<tr>
<td></td>
<td>Phone type: □ Home □ Work □ Cell</td>
</tr>
</tbody>
</table>

## 2. Reason for Unforeseeable Emergency Request

Please select one of the following reasons for your severe financial unforeseeable emergency:

- □ Sudden or unexpected illness of the participant, the participant’s spouse, or the participant’s dependent. (See the Information section of this booklet for the definition of “dependent.”)
- □ Sudden or unexpected accident of the participant, the participant’s spouse, or the participant’s dependent.
- □ Loss of participant’s property due to casualty.
- □ Other extraordinary, unforeseeable circumstances arising from events beyond your control.

## 3. Available Options

Can this unforeseeable emergency be completely or partially relieved through the following options?

**Yes** □   **No** □

- □ □ Reimbursement or payment by insurance or other sources?
- □ □ The reasonable liquidation of assets, provided the liquidation would not itself cause an immediate heavy financial need?
- □ □ The cancellation of elective deferrals under the 401(k) Plan and/or 457 Plan?
- □ □ Loans available from my Savings Plus account?

If you answered “Yes” to any of the questions above, you are not eligible for an unforeseeable emergency withdrawal until the option(s) for which you have answered “Yes” is exhausted or until you provide documentation that your unforeseeable emergency cannot be completely relieved through the source(s) indicated above.

## 4. Unforeseen Event Expenses Worksheet

<table>
<thead>
<tr>
<th>Debt Owed</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount Needed: $

Attach supporting documentation

## 5. Unforeseeable Emergency Withdrawal Request (select one)

Stopping your deferrals may help alleviate your financial need. If you would like to stop your deferrals please contact customer service at 855-616-4776. I understand that my unforeseeable emergency withdrawal is limited to the amount documented to meet the immediate unforeseeable emergency and the anticipated taxes and penalties. I have attached a letter that explains my unforeseeable emergency request, including dates applicable to my request. I hereby request the following:

- □ A withdrawal in the amount of $__________
  - □ GROSS (amount before taxes are withheld) OR □ NET (amount after taxes are withheld)

- □ The maximum amount allowed from my 457 Deferred Compensation Plan account.

**NOTE:** All specific tax withholding instructions must be recorded on a W4-P and/or DE 4P.

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Select One:

☐ ACH Instructions on File – Send funds to my bank account that Savings Plus has on file.
☐ Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected) ($2.00 fee - deducted from your account balance)
☐ Send check overnight at my expense to my address of record. I understand there is an additional $25.00 fee that will be deducted from my account. PO Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2 to 4 business days from process date for delivery.
☐ Direct Deposit ACH (complete bank info below) into ☐ Checking   OR  ☐ Savings

Financial Institution Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
</table>

ABA (routing) Number

Account Number

NOTE: Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip or starter check for banking numbers. If ACH information is not completed correctly a check will be sent to your address on file.

I hereby authorize Savings Plus to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Savings Plus to make a corrective reversal from this account. Further, I agree not to hold Savings Plus responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Savings Plus receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Savings Plus. In the event this direct deposit authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.

7. Tax Information

Federal Tax: Savings Plus will withhold federal tax as required by the IRS from the payment you choose. See the Special Tax Notice Regarding Plan Payments for specific tax information and IRS required withholding before completing. The standard federal tax withholding rate is 10%. Please skip this section unless you would like a different amount or percentage to be withheld.

☐ I would like additional federal tax withheld above the 10% default federal rate in the amount of:

$_________________________ OR _________%

State Tax: Mandatory California State taxes (10% of Federal withholding) are automatically withheld.

8. Certification

I request an unforeseeable emergency withdrawal to be made in accordance with the Plan Document, Internal Revenue Code, and my election. I understand that the State of California has the authority to approve or reject this request. I understand the amount approved is subject to federal and state income taxes unless I submit a completed W-4P (federal), and DE-4P (state). I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge. I understand that if my request is approved, any 401(k) Plan and 457 Plan payroll deductions are immediately canceled for a period of six months and remain canceled until I restart them myself.

Signature: ____________________________ Date: ____________

California Department of Human Resources Privacy Notice on Information Collection (rev. 9/16)

This notice is provided pursuant to the Information Practices Act of 1977. The California Department of Human Resources (CalHR), Savings Plus Program, is requesting the information specified on this form pursuant to California Government Code sections 19993 and 19999.5. The information collected will be used for identification of your account and will be disclosed to the Savings Plus Third Party Administrator (Nationwide) for processing of your request as indicated on the form. Individuals should not provide personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process the action(s) indicated on the form as requested.

Department Privacy Policy

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy at https://www.calhr.ca.gov/pages/privacy-policy.aspx.

Access to Your Information

Nationwide is responsible for maintaining collected records. You have a right to access records containing your personal information we maintain. To request access, contact: CalHR Privacy Officer, 1515 S Street 400N, Sacramento, CA 95811 / 916-324-0455 / CalHRprivacy@calhr.ca.gov or contact Nationwide at 855-616-4776.

Mail the original application to Nationwide Retirement Solutions, PO Box 182797, Columbus, OH 43218-2797 or fax to 877-677-4329.

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