



# Instructions for Requesting an Unforeseeable Emergency Withdrawal

## NC 457b DEFERRED COMPENSATION PLAN

**Instructions** Please print using blue or black ink. Enclosed are the following items needed to request an Unforeseeable Emergency withdrawal from your retirement plan. Please review and complete each of the items as described in the procedures below. Mail the required documents for approval and processing to the following address or fax it to 1-866-439-8602:

NC Plans Processing Center  
PO Box 5340  
Scranton, PA 18505

**Questions?**  
Call 1-866-627-5267  
for assistance.

### Procedure Checklist

Item	Procedure	Return to address above?
Unforeseeable Emergency Withdrawal Request Form	<ul style="list-style-type: none"> <li>Complete all relevant sections after reading all the information in the package.</li> <li>Indicate the reason for your Unforeseeable Emergency request on the form.</li> <li>You must also provide the appropriate documentation evidencing financial need.</li> <li>Sign and date the form.</li> <li>Return this form to the above address for review, approval and processing.</li> </ul>	Yes
Attachments to the Unforeseeable Emergency Request Form and Unforeseeable Emergency Documentation	<p>The documents you need to attach to your Request for Unforeseeable Emergency Disbursement to substantiate the nature of your Unforeseeable Emergency request are detailed on the <i>Attachments to the Unforeseeable Emergency Request</i>. If any of the required documents are missing, your request for Unforeseeable Emergency cannot be processed.</p> <ul style="list-style-type: none"> <li>You must include acceptable documentation within the specified timeframe with the attachments or your request will be rejected.</li> </ul>	Yes
Approval / Denial of Unforeseeable Emergency Request	<p>Upon receipt of your Unforeseeable Emergency request, a review of all paperwork will be completed.</p> <ul style="list-style-type: none"> <li>If it is determined that you qualify for an Unforeseeable Emergency based on current Internal Revenue Code regulations, we will process your request. All Unforeseeable Emergency distributions are reported to the Internal Revenue Service on Form 1099-R. In the event of an audit you must retain documentation to support your claim of financial Unforeseeable Emergency and to demonstrate compliance. Tax or legal counsel should be consulted regarding the permissibility of any distribution.</li> <li>If your paperwork is not in good order, the Unforeseeable Emergency distribution request will be denied. We will notify you of our findings. Please note that the documents submitted will not be returned to you, therefore, please make copies for your records.</li> </ul>	No

Customer Service representatives are available to help you complete the forms, or answer general questions you may have about your distribution or about the plan. Personal assistance with a Customer Service representative is available Monday through Friday, 8 a.m. to 9 p.m. Eastern Time, except on holidays. Our representatives look forward to providing you with information in English, Spanish, or many other languages through an interpreter service. Account information is available for the hearing impaired by calling us at 1-877-760-5166. On the website, you are able to review your account information. You may access information on your account at [[www.prudential.com/online/retirement](http://www.prudential.com/online/retirement)] which is generally available 24/7.



# Unforeseeable Emergency Withdrawal Request Form

## NC 457b DEFERRED COMPENSATION PLAN

### About You

Plan number

0 1 2 0 0 3

Who is your employer?

Social Security number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First name

MI

Last name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

ZIP code

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address

\_\_\_\_\_

Date of birth

Gender

Fax Number

                   
*month day year*

M

F

                         
*area code*

Daytime telephone number

Evening telephone number (Best time to call \_\_\_\_\_ pm)

                         
*area code*

                         
*area code*

Employer

\_\_\_\_\_

*Please review all the enclosed information before proceeding.*

### Withdrawal Request Amount

Please note, the plan imposes a minimum unforeseeable emergency withdrawal amount of \$500.00.

If the amount available for an unforeseeable emergency is less than the plan minimum at time of processing, your withdrawal will be processed for the amount of your documented need. This need must meet or exceed your account balance.

The disbursement amount will be taken from your account according to the hierarchy determined by the Administrator. If the amount requested exceeds your maximum Unforeseeable Emergency withdrawal amount, you will be paid the maximum amount available.

AMOUNT: \$ \_\_\_\_\_ (REQUIRED-MUST BE COMPLETED)

If you do not check the box below, the "gross up" will not occur. You may include additional funds in the disbursement amount necessary to pay anticipated federal or state income tax. If you would like your gross payment to include taxes and fees reasonably anticipated to result from this withdrawal (this is called a "gross up"), check the following box.

I would like to increase the amount of my unforeseeable emergency withdrawal request to cover any federal and state income taxes, and any applicable fees that may reasonably be anticipated as a result of this withdrawal.

Note: Your election for Federal and State Income Tax in the following sections will be used as the amount of reasonably anticipated taxes and fees in the "gross up" calculation.

**Reason for Unforeseeable**

I hereby request an Unforeseeable Emergency Withdrawal for the following reason(s). I agree to provide the applicable documentation as described. \*Please refer to Important Withdrawal Information for additional information on definition of dependent in IRC Section 152.

**Emergency Withdrawal**

*(Check all that apply)*

- Medical expenses incurred by me, my spouse, or any of my dependents. These are un-reimbursed medical expenses that must be paid to receive medical care for the participant, the participant's spouse, the participant's dependents. \*Please refer to the Attachment to the *Unforeseeable Emergency Withdrawal Request: Medical Expenses* for required documentation.
- Payments needed to prevent eviction or mortgage foreclosure on my principal residence. These payments are necessary to prevent eviction of the participant from the participant's principal residence or foreclosure on the mortgage of the residence. \*Please refer to the Attachment to the *Unforeseeable Emergency Withdrawal Request: Payments to Prevent Eviction or Foreclosure* for required documentation.
- Payment of burial or funeral expenses for my deceased parent, spouse, children, dependents. This includes payment for burial or funeral expenses for the participant's deceased parents, the participant's spouse, the participant's children or dependents. \*Please refer to the Attachment to the *Unforeseeable Emergency Withdrawal Request: Payments for Burial or Funeral Expenses* for required documentation.
- Expenses for the repair of damage to my principal residence that qualifies for a casualty deduction. This includes a casualty loss to the participant's principal residence that arose from fire, storm, earthquake or some other casualty. Only the portion of the expense that is not covered by insurance is eligible for this purpose. \*Please refer to the Attachment to the *Unforeseeable Emergency Withdrawal Request: Payments for Damage to Principal Residence* for required documentation.

**Election for Withholding of Federal Income Tax**

Federal tax laws require us to withhold income taxes from the taxable portion of a qualified retirement plan distribution. Some states also require withholding from the taxable portion of your distribution if federal income tax is withheld. Unforeseeable Emergency disbursements are subject to 10% federal income tax **withholding**, unless you elect otherwise. You can elect to have no federal income taxes withheld by checking the box below. **If you elect out of withholding, you are still responsible for payment of any taxes due, and you may incur penalties if your withholding and/or estimated tax payments are not sufficient.** If you do not check one of the options below, 10% federal income tax withholding will be automatically deducted from your payment.

1.  I elect **to have** federal income tax withheld at 10% from the taxable amount of my distribution.
2.  I elect **not** to have federal income tax withheld from my distribution.
3.  I elect **to have** federal income tax withheld from the taxable amount of my distribution at either the following percentage or dollar amount. The federal withholding calculated from your election below must be at least 10% of the taxable amount of my distribution amount (allowable election can be 10% - 35%).

\_\_\_\_\_ % or \$ \_\_\_\_\_ .00

It is our understanding an Unforeseeable Emergency disbursement is not eligible to be rolled over. All or part of the taxable portion of your Unforeseeable Emergency disbursement may be subject to an *additional* 10% federal income tax **penalty** on early distributions, unless you qualify for an exception. Since neither Prudential nor any of its employees, agents or representatives can give legal or tax advice, or financial advice on behalf of the Plan, you are urged to consult your own personal legal, tax and/or financial advisor with any questions on allowances, deductions, or tax credits that may apply to your particular situation before you take any action.

**Express Mail**  
*(check box if applicable)*

- I wish to have my disbursement check sent by express mail. Therefore, please deduct \$25.00 per check from my account prior to the distribution. **Please Note:** Express mail is *not* available for delivery to post office boxes.

**Election For Withholding of State Income Taxes**  
*((For Single Sum Payments and Rollovers of non-Roth money to a Roth IRA))*

NC State Income Tax withholding generally does not apply to payees of a Bailey vested account.

**A. Mandatory State Withholding:** If you reside in a state where state income tax withholding is mandatory **AR, CA\*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), ME, MI (see below), NC, NE, OK\*, OR\*, VA or VT\*** applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.

If you are a resident of **IA**, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, **IA** income taxes are required to be deducted for the amount over \$6,000.

My resident state is **AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only)** and I do not want state income tax withholding deducted from my distribution. (An election out of **AR, DE, KS, ME, NC, or VA** state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) *Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.*

\*My resident state is one of the following: **CA, OK, OR, \*\*VT** and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding. \*\*An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.

My resident state is **MI** and withholding of 4.25% is required, unless my payments are not taxable and I opt out.

My resident state is **MI** and I would like to opt out of **MI** withholding. Note: Opting out may result in a balance due on your **MI 1040** as well as penalty and/or interest.

My resident state is **MI** and if my payments are are taxable, I wish to have **MI** state withholding based on the number of exemptions selected. I have entered the number of exemptions below:

\_\_\_\_\_ Enter the number of personal exemptions allowed on your Michigan Income Tax Return (MI-1040). The total number of exemptions you claim may not exceed the number of exemptions you are entitled to claim when you file your **MI-1040**. Withholding will be computed at the percentage determined by the state after subtracting your personal exemption allowances.

My resident state is **MI** and I am requesting \_\_\_\_\_% additional **MI** state tax withheld from my payment. This amount must be a whole percentage.

**B. Voluntary State Withholding:** Please check the appropriate box below. If state income tax withholding is not mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose a method of withholding that is not offered for your state, we cannot withhold state income tax.

I reside in one of the following voluntary withholding states: **AL, CO, CT, DC (voluntary for partial and systematic distributions), GA, ID, IA (voluntary if no federal tax withheld) IL, IN, KY, LA, MD (non-eligible rollover distributions only), MA (voluntary if no federal income tax withheld), MN, MO, MS, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV (NE and VA state withholding is voluntary for payments from IRA's only)** and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)

\_\_\_\_\_ % or \$ \_\_\_\_\_

I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.

**C. No State Withholding:** Some states do not have state income tax withholding.

My resident state is one of the following: **AK, FL, HI, NV, NH, SD, TN, TX, WA, WY** and there is no state income tax withholding.

My resident state is **AZ** and there is no state income tax withholding on non-periodic (single sum) payments.

**Electronic  
Funds  
Transfer  
(EFT)**

*(Complete this  
section only if  
you choose to  
have your  
payment(s) sent  
by EFT)*

If you would like your disbursement sent to you via Electronic Funds Transfer (EFT), please check the following box and complete the information below. You must also attach a voided check verifying your account number and routing number. If all of the necessary information is not provided or if this section does not apply to your disbursement request, a check may be made payable to you.

I would like my payment(s) sent by EFT.

Financial Institution name

\_\_\_\_\_

Account number

\_\_\_\_\_

Please verify the entire account number with your financial institution to ensure acceptance of payments.

Type of Account:  Checking  Savings

Financial Institution Routing/Transit/ABA Number

\_\_\_\_\_

I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to your account within 2 business days of being processed.

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

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Important information and signature required on the following pages

**Certification  
of Financial  
Unforesee-  
able  
Emergency  
and  
Authorization**

I certify that the information provided on this form and on any attached forms is true, correct, and complete to the best of my knowledge. I authorize representatives of my plan to verify any or all of the information submitted. I acknowledge and agree that any false or misleading information submitted on this form or any attached form may subject me to personal liability. Furthermore, my employer may exercise its rights against me if damaged by false or misleading information I submit, i.e. termination or suspension. I also certify that I am eligible for distribution of funds from the Plan. I am aware this distribution will increase my taxable income for the year. I further certify that this withdrawal is necessary to satisfy the Unforeseeable Emergency described, that the amount requested is not in excess of the amount necessary to relieve the financial need, and the financial need cannot be satisfied from other resources reasonably available. I have read the entire Unforeseeable Emergency Withdrawal form and application.

**As a Participant of the above-named plan, I hereby request a distribution in the form indicated above, subject to the terms of the plan. I hereby certify and represent that:**

I have obtained all available loans under this plan and all plans of the Employer to the extent that any additional plan loan would be counterproductive to the relief of my or my dependents' financial need;

I have obtained all currently available distribution amounts under this and any other plan of the Employer, including all in-service withdrawals from rollover and/or after tax employee contributions, and ESOP dividends (if applicable and in accordance with the plan document). If there are additional amounts available for withdrawal under this plan other than withdrawals due to financial Unforeseeable Emergency, I acknowledge that those amounts must be paid to me first.

I agree to suspend making elective deferrals under this and any other plan of the Employer for a period of 6 months beginning on the date the distribution is processed. I understand that I must contact Prudential in order to resume contributions to this plan after the 6 month suspension period expires.

I certify that I have reviewed all the information contained in the Attachment to the Unforeseeable Emergency Withdrawal Request and believe, in good faith, that I qualify for this Unforeseeable Emergency withdrawal.

I have included in this submission the requested documentation that evidences my financial need.

**I understand that my request for an Unforeseeable Emergency withdrawal from the Plan may generally not be revoked once processed.**

**Privacy Act Notice:**

If your employer engages the services of Prudential Retirement to qualify Unforeseeable Emergencies on their behalf, this information is to be used by Prudential Retirement in determining whether you qualify for a financial Unforeseeable Emergency under your retirement Plan. It will not be disclosed outside Prudential Retirement except as required by your Plan and permitted by law for regulatory audits. You do not have to provide this information, but if you do not, your application for an Unforeseeable Emergency may be delayed or rejected.

**Consent:**

By signing below, I consent to allow Prudential Retirement to request and obtain information for the purposes of verifying my eligibility for a financial Unforeseeable Emergency under this Plan.

If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement).

  X   \_\_\_\_\_ Date \_\_\_\_\_

*Participant's signature (REQUIRED)*

## Important Withdrawal Information

### Unforeseeable Emergency Withdrawals and other Plan Withdrawal Options

If your plan allows for other in-service withdrawals (e.g. age 59 1/2, after-tax withdrawal, rollover withdrawals, etc.) or loans, these must be used before an Unforeseeable Emergency withdrawal can be made. Unforeseeable Emergency withdrawals on your pre-tax account are generally limited to your pre-tax contributions only. You may not request a withdrawal amount in excess of the need detailed in your Unforeseeable Emergency documentation enclosed.

### Federal and State Tax Withholding

The withdrawals you receive from the plan are subject to Federal Income Tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to Federal Income Tax. If you elect not to have withholding apply to your withdrawal, or if you do not have enough Federal Income Tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rule if your withholding and estimated tax payments are not sufficient.

Note that a voluntary withholding election cannot be made involving accounts for which a name and/or taxpayer identification number (TIN) is incorrect or missing. See IRS Publication 1586 for information about mandatory withholding when a participant's TIN is missing or incorrect.

You may elect not to have withholding apply to your Unforeseeable Emergency withdrawal or to have a specific percentage withheld. If less than the maximum amount available is requested, your distribution will be increased by the applicable tax withholding unless you elect not to have the distribution "grossed up" by the amount of the withholding tax.

If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, and Virginia, state taxes will automatically be withheld if federal taxes are withheld. This list is subject to change based on changing state tax withholding requirements.

### Dependent

The definition of "dependent" is important in the application of the "deemed Unforeseeable Emergency" withdrawal standards that pertain to 457 plans. Unless a specific exception applies, a dependent must either be a "qualifying child" or a "qualifying relative". These terms are defined as follows:

#### Qualifying Child

A qualifying child is a child or descendant of a child of the taxpayer. A child is a son, daughter, stepson, stepdaughter, adopted child or eligible foster child of the taxpayer. A qualifying child also includes a brother, sister, stepbrother or stepsister of the taxpayer or a descendant of any such relative. In addition, the individual must have the same principal place of abode as the participant for more than half of the taxable year, the individual must not have provided over half of his own support for the calendar year, and the individual must not have attained age 19 by the end of the calendar year. An individual who has attained age 19 but is a student who will not be 24 as of the end of the calendar year and otherwise meets the requirements above is also considered a qualifying child. Special rules apply to situations such as divorced parents, disabled individuals, citizens or nationals of other countries, etc. Please see your tax advisor for further details regarding special situations.

#### Qualifying Relative

A qualifying relative is an individual who is not the participant's "qualifying child", but is the participant's: child, descendant of a child, brother, sister, stepbrother, stepsister, father, mother, ancestor of the father or mother, stepfather, stepmother, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law. An individual who is not the participant's spouse but who shares the same principal place of abode and is a member of the participant's household may also be considered a qualifying relative. Regardless of the participant's relationship to the individual, the participant must provide over half of the individual's support for the calendar year for that individual to be considered the participant's qualifying relative. There are special rules for situations such as multiple support agreements, divorced or legally separated parents, custodial and non-custodial parents, etc. Please see your tax advisor for further details regarding special situations.

If you are requesting an Unforeseeable Emergency withdrawal to cover expenses that pertain to the individuals listed below, copies of the following additional documents must also be submitted:

- Your dependent: Your most recent Form 1040 US Income tax return.

**ATTACHMENT TO THE UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST**

**Medical Expenses**

Definition: Expenses for (or necessary to obtain) medical care that would be deductible under IRC section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income).

**IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST**

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available in your account for withdrawal, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

**REQUIRED**

**Medical Expenses Qualified Documentation** *(Check all that apply and enclose with Unforeseeable Emergency Withdrawal Request Form and documentation)* **Note:** Funds can only be disbursed for **Unpaid** bills.

- Medical Expenses: Copy of the medical bill (including Copy of Explanation of Benefits Form from your insurance carrier) listing the unpaid medical expenses and totals on letterhead of the medical or insurance provider showing the participant or the dependent as the patient or the insured. Bill must not be older than 45 days. Itemized insurance and medical bills must show the insured and uninsured portion of the expenses. If doctor, hospital, or other health care bills are not covered, the provider must verify this information directly on the medical bill in addition to signing and providing their title.

\*Dental/Orthodontic expenses do not apply.

**I am requesting this amount due to my:**

- Own medical expenses  
 Spouse's medical expenses  
 Child's medical expenses  
 Dependent's medical expenses

Dependent Name \_\_\_\_\_ Relationship \_\_\_\_\_

**I certify that the expenses for which I am requesting an Unforeseeable Emergency withdrawal have not been reimbursed through insurance or otherwise, and were incurred for medically necessary services.**

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

The participant may request for an Unforeseeable Emergency withdrawal for qualifying medical expenses incurred by the participant, the participant's spouse, dependent, Please see the "Important Withdrawal Information" page for a detailed definition of dependent.

"Medical care" includes amounts paid for any of the following:

1. For the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body.
2. For prescribed drugs that require a prescription of a physician.

"Medical care" does not include cosmetic surgery or similar procedures unless it is necessary to ameliorate a deformity related to a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease.

**Who the patient is, if other than participant**

Emergency Physicians  
123 Hospital Lane  
Medicine OH 32145

**Provider Information**

SERVICE REQUESTED

PATIENT NAME  
**John Doe**

ACCT.#  
E54 1234

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW  
CHECK CARD USING FOR PAYMENT

<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	3-DIGIT ON BACK
AMOUNT	
SIGNATURE	EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT
03/02/09	20.99
PAST DUE DATE	
03/20/09	

**current dated (within 45 days)**

ADDRESSEE:

MAKE CHECK PAYABLE AND REMIT TO:

John Doe  
456 Circle Lane  
Medicine OH 32145

**Party responsible for payment, if other than participant**

Emergency Physicians  
123 Hospital Lane  
Medicine OH 32145

Please  if address or insurance information has changed. Make changes on reverse side.

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT . . . RETAIN THE BOTTOM PORTION FOR YOUR RECORDS

PLEASE MAKE COPY OF ENTIRE PAGE IF NEEDED FOR INSURANCE  
**THERE IS A \$10.00 SERVICE CHARGE FOR ALL RETURNED CHECKS**

IF SERVICES WERE RENDERED AT THE HOSPITAL, THIS BILL IS SEPARATE FROM YOUR HOSPITAL BILL.

BILLING OFFICE HOURS: 8 AM to 5 PM

Phone ▶ 800-111-6655

Tax ID.# ▶ 12-456218600

Para Espanol ▶ 800-111-6656

Attending Physician ▶ Bentley, Earl M.

Referring Doctor ▶ Bentley, Earl M.

Account Number ▶ E54 1234

Service Provider ▶ AD REGIONAL MEDICAL CT

Patient Name ▶ John Doe

Statement Date ▶ 03/02/09

DATE	POS	DIAGNOSIS	DESCRIPTION OF SERVICES	AMOUNT
01/09/09	23		99284 LEVEL 4 EMERGENCY, PHYS	306.00
01/09/09	23		94760/26 PULSE OXIMETRY, SINGLE	24.00
01/09/09	23		99053 SERVICE 10:00PM & 8:00AM	27.00
02/13/09			971 CONTRACTED INS CARRIER P	188.92-
02/13/09			871 PPO/HMO CONTRACTED INS A	147.09-
02/13/09			DOS: 01/09/09 - BLUE CROSS	

**Date of services rendered, applied insurance and amounts due/credited**

**THIS IS AN EXAMPLE OF DOCUMENTATION REQUIRED FOR A  
HARDSHIP WITHDRAWAL REQUEST. THE FINAL DETERMINATION  
OF ACCEPTABLE DOCUMENTATION IS TO BE MADE BY YOUR PLAN  
ADMINISTRATOR OR AS DELEGATED BY YOUR PLAN  
ADMINISTRATOR.**

YOUR INSURANCE HAS PAID THEIR PORTION OF THE ABOVE CHARGES. THE BALANCE DUE IS YOUR RESPONSIBILITY. THANK YOU.

Su seguro medico ha pagado su porcion. El saldo restante es su responsabilidad.  
Gracias.

**Unpaid balance due**

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

EMPLOYER	PRIMARY INSURANCE	INJURY DATE	ADMISSION DATE	DISCHARGE DATE	BALANCE DUE
	BLUE CROSS				20.99

**EXAMPLE**

## ATTACHMENT TO THE UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST

### Payments to Prevent Eviction or Foreclosure

Definition: Expenses necessary to prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage of that residence.

### IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is less than the amount available in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

### REQUIRED

**Payments to Prevent Eviction or Foreclosure Documentation** (*Check all that apply and enclose with Unforeseeable Emergency Withdrawal Request Form and documentation*) **Note:** Funds can only be disbursed for **Unpaid** bills.

- Include a copy of the eviction/foreclosure notice or Court Order. The notice or Court Order must:
  - Include your name and address (address on documentation must match address on file with Prudential)
  - Be dated within 45 days of your request
  - Clearly state a future due date by which the amount is due to prevent Eviction/Foreclosure
  - Provide the months for which the rent/payment is due
  - Clearly identify the Landlord and the Landlord's contact information
  - Include Landlord's dated signature and **TITLE** (Examples: landlord, property manager, etc.)
- If your address on file with Prudential does not match the address of your primary residence on the foreclosure or eviction notice, please submit a copy of your current driver's license which shows your primary residence address. If your current driver's license has not yet been updated with your primary residence address, you may also submit a signed, dated, notarized letter stating that the home in foreclosure, or the residence you are being evicted from, is your primary residence.
- Provide a copy of the foreclosure notice from the financial institution (on the financial institution's letterhead) or Court Order (dated within 45 days). The notice or Court Order must clearly state the dollar amount that is due and a future date that it is due in order to remedy foreclosure proceedings. The foreclosure notice must state foreclosure proceedings "WILL" occur.
- Delinquent property taxes qualify if they are taxes on the participant's primary residence and will result in foreclosure or sale of the property. The tax notice (dated within 45 days) must reference the tax year(s), it must state the dollar amount due and a future date that is needed to prevent the sale of the property.

The participant can only qualify for an Unforeseeable Emergency withdrawal for this reason if they must pay some dollar amount by some certain date in order to prevent foreclosure or avoid eviction.

June 5, 2009

Current dated within 45 days

**Eviction Notice**

Name and address must match address on file with Prudential.

John Doe  
333 Wagon Wheel Circle  
Forest Park IL 12345

We are terminating your tenancy and want to evict you from the property listed above.

Our reason for evicting you is because

You have not paid 3 months rent and have lost the means to do so.

April \$975.00  
May \$975.00  
June \$975.00

Provide the months for which the rent/payment is due.

Provide the total amount due to prevent eviction.

Total Amount Due = \$2925.00

You must move from the property or remedy our reason for evicting you by the following date if amount is not brought current:

Provide a future due date the total amount is due to prevent eviction.

In order to prevent eviction, the total amount due must be paid by June 22, 2009

If you do not agree with this eviction notice you have the right to legal advice and may contact a lawyer.

Provide Landlord name and contact information.

Name of Owner or Agent:

Ralph Jones, Owner  
200 Hickory Lane  
Jasmine IL 12344  
Telephone Number: 321-222-7659

Provide Landlord's dated signature.

Signature:

(Must be signed by Landlord)

Date:

(Must be current date)

THIS IS AN EXAMPLE OF DOCUMENTATION REQUIRED FOR A  
HARDSHIP WITHDRAWAL REQUEST. THE FINAL DETERMINATION OF  
ACCEPTABLE DOCUMENTATION IS TO BE MADE BY YOUR PLAN  
ADMINISTRATOR OR AS DELEGATED BY YOUR PLAN ADMINISTRATOR.

THIS IS AN EXAMPLE OF DOCUMENTATION REQUIRED FOR A FORECLOSURE HARDSHIP WITHDRAWAL REQUEST. THE FINAL DETERMINATION OF ACCEPTABLE DOCUMENTATION IS TO BE MADE BY YOUR PLAN ADMINISTRATOR OR AS DELEGATED BY YOUR PLAN ADMINISTRATOR.

Provide mortgage company contact information.

PPT Mortgage

4231 Leadle Road  
Mt. Minton, NV 12345

Tel 800-111-2222  
Fax 800-111-3333

# EXAMPLE

Provide current dated statement (within 45 days).

May 18, 2009

Name and address must match address on file with Prudential.

John Doe  
123 Participant Ave  
Handawn NV 12345

Loan Number: 000A123456  
Property Address:  
123 Participant Ave  
Handawn NV 12345

Address in foreclosure must be primary residence.

## NOTICE OF INTENTION TO FORECLOSE

Dear Customer(s):

Statement must reference foreclosure.

The mortgage on your property is past due for the April 01, 2009 payment. The TOTAL AMOUNT to bring your account up to date is \$ 2259.26. To AVOID FORECLOSURE, we require a payment in "CERTIFIED FUNDS" for the total amount due.

Provide total amount due to prevent foreclosure.

In addition, please be advised as of the date of this letter, \$ 75.72 in late charges have also accrued.

In the event you do not cure the default in full within THIRTY (30) days from the date of this letter (as provided by the terms of the mortgage), payment of the current principal balance will be accelerated and foreclosure proceedings will be initiated.

Provide a future due date.

Again, all remittances must be in the form of "CERTIFIED FUNDS ONLY". Anything less than the TOTAL DUE and/or not in "CERTIFIED FUNDS", will be refused.

Please contact us immediately at 1-800-330-0423. This is an attempt to collect a debt, any information obtained will be used for that purpose.

Sincerely,

Loan Counseling Center

(XC007)

ATTACHMENT TO THE UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST

Payment for Burial or Funeral Expenses

Definition: Payments for burial or funeral expenses for the employee's deceased parent, spouse, children, dependents.

**IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST**

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available for withdrawal in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

**REQUIRED**

**Payment for Burial or Funeral Expenses Documentation** (Check all that apply and enclose with Unforeseeable Emergency Withdrawal Request Form and documentation) **Note:** Funds can only be disbursed for **Unpaid bills**.

- Unpaid invoices (dated within 45 days) from other parties to pay additional expenses associated with the funeral.
  - Covered expenses including opening/closing of a grave, a burial plot, a burial vault or grave liner, a market or monument, a crypt, cemetery perpetual care charges, honoraria for clergy, a funeral breakfast/luncheon/dinner expenses associated with the funeral/memorial service, flowers, guest registers and acknowledgment cards, music, an urn or casket.
  - Expenses that are not covered include invoices that have been paid, burial expenses to the extent that they are covered by Veteran's benefits, travel expenses incurred by family members to attend the funeral, and prearranged/prepaid funerals.
- Provide a copy of the current (dated within 45 days) unpaid invoice signed by the funeral home/director. The itemized bill must show the name of the deceased, the unpaid balance due and the responsible party for payment.
- Provide a copy of the current (dated within 45 days) unpaid invoices from other parties to pay additional expenses. The itemized bill must show the name of the deceased, the unpaid balance due and showing the participant as the responsible party for payment.
- Copy of the death certificate.

**I am requesting this amount due to my:**

- Parent's death
- Spouse's death
- Child's death
- Dependent's death

Dependent Name \_\_\_\_\_

Relationship \_\_\_\_\_



**ATTACHMENT TO THE UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST**

**Expenses for the Repair of Damage to the Employee's Principal Residence that Qualifies for a Casualty Deduction**

Definition: Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income).

**IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST**

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available in your account for withdrawal, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the *subtotals* from each and provide a summation of the total amount requested.

**REQUIRED**

**Documentation** *(Please include all required documentation and enclose with Unforeseeable Emergency Withdrawal Request Form)*

**Note:** Funds can only be disbursed for **Unpaid** bills.

- Evidence of casualty (a detailed description of the events that resulted in the casualty). You may submit pictures and/or articles of newspaper clippings as evidence.
- The reason for the loss and any documentation supporting that loss. You must sign/date your letter of explanation.
- The location of the loss (the address of the loss must be the participant's primary residence).
- If your address on file with Prudential does not match the address of your primary residence as listed on the casualty description or invoices, please submit a copy of your current driver's license which shows your primary residence address. If your current driver's license has not yet been updated with your primary residence address, you may also submit a signed, dated, notarized letter stating that the home affected by the casualty is your primary residence.
- Unpaid current (dated within 45 days) invoices and/or contracts, signed by participant and contractor, evidencing the cost of the repair, and which indicates that insurance does not cover the cost of repairs. Please note: We cannot accept an estimate of these charges.
- Copy of any insurance claims from your insurance company as evidence that the damages have/have not been covered by your homeowners insurance.

**I am requesting this amount because of damages that were caused to my principal residence due to:**

- Fire
- Storm
- Shipwreck
- Other Casualty\* This may require further review by plan, legal, etc.
- Theft\*

\*Describe casualty or theft: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "casualty loss" is defined as a "**sudden, unusual or unexpected**" event resulting in an uninsured loss. Causes of such rapid losses include flood, fire, earthquake, wind damage, water damage, theft, accident, vandalism, hurricane, tornado, riot, shipwreck, snow, rain and ice. To be deductible, a casualty loss **must occur quickly, usually instantly or over a few days**. Slow losses that occur over months or years, such as mold damage, dry rot, moth or termite damage, or normal home maintenance to repair or replace windows, roofs or plumbing generally are not tax-deductible, and therefore do not qualify for a financial Unforeseeable Emergency.

The participant can only qualify for an Unforeseeable Emergency withdrawal for this reason when there is a casualty loss to his principal residence that arose from fire, storm, shipwreck, or some other casualty, or from theft. Only the portion of the expense that is not covered by insurance is eligible for this purpose.

The amount of loss is based upon the lesser of the difference between the market value of the property before and after the casualty occurrence or the loss in the basis of the property.

Because of the difficulties of ascertaining the timing of the casualty loss and the dollar amount of the loss, your claim can only be processed through this procedure using the specified documents, and you are strongly urged to discuss with your own tax, accounting or legal advisors the proper measurement of the amount of the casualty deduction loss and the taxable year for which it qualifies as a casualty loss.