



PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____
 EMPLOYER NAME: _____ CaIPERS ID: _____
 AGENCY PLAN NUMBER: 4 5 ____ - ____ - ____
 PARTICIPANT MAILING ADDRESS: _____ APT: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 WORK PHONE: _____ HOME PHONE: _____ EMAIL: _____

INSTRUCTIONS

1. Review Hardship Requirements to determine if you are ELIGIBLE to take an Unforeseeable Emergency Withdrawal (UEW).
2. Choose AMOUNT requested, WITHHOLDING, GROSS UP and DELIVERY METHOD.
3. Indicate REASON and supply DOCUMENTATION, SIGN and MAIL your form for processing.

PLEASE NOTE: AN INCOMPLETE APPLICATION OR NOT SUPPLYING ALL REQUIRED DOCUMENTATION WILL CAUSE A DELAY IN RECEIVING YOUR PAYMENT.

UNFORESEEABLE EMERGENCY WITHDRAWAL REQUIREMENTS

1. For purposes of the Plan, an unforeseeable emergency is defined as a severe financial hardship of the participant or the participant's beneficiary resulting from: **a)** an illness or accident of the participant or the participant's beneficiary, the participant's or beneficiary's spouse or the participant's or beneficiary's dependent, (as defined in Internal Revenue Code section 152(a)); **b)** loss of the participant's or beneficiary's property due to casualty; **c)** the following extraordinary and unforeseeable circumstances if they arise as a result of events beyond the control of the participant or the beneficiary:
 - 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
 - c) the need to pay for the funeral expenses of a spouse or dependent (as defined in Internal Revenue Code section 152(a))
2. The amount of the withdrawal cannot exceed the amount necessary to relieve the immediate and heavy financial need. However, you may increase the amount to pay the taxes and penalties that you may incur as a result of the UEW.
3. Prior to taking a UEW, you must first exhaust all distributions (other than a UEW) and loans from all plans maintained by the employer.

CHOOSE AMOUNT REQUESTED, TAX WITHHOLDING, AND GROSS UP ELECTIONS

AMOUNT REQUESTED: Withdraw the following (choose one):

- Maximum available (not to exceed amount documented) OR \$ _____ (indicate the total dollar amount)

NOTE: If your available UEW amount based on your current account balance is less than the financial need specified above, the UEW will be processed up to the amount available.

TAX WITHHOLDING ELECTIONS: You are responsible for understanding and planning for the tax implications of any distribution. It is required that you read the attached *Special Tax Notice Regarding Plan Payments*. You may also wish to contact your Financial/Tax Advisor before submitting this form.

You may elect to change the federal income taxes withheld from the withdrawal. If no change to withholding is elected, Voya will withhold 10% for federal taxes and the required state tax, if applicable. Please indicate any selected tax withholding below (check all that apply):

- Do not withhold any federal taxes. I understand that I may be personally liable to pay these taxes at a future date.
 I would like additional federal tax withheld: 10% + _____%

Notice: Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons with a residential mailing address outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

- If you are a resident of any of the following states, state taxes will automatically be withheld in accordance with your state's requirements if federal taxes are withheld: AR, CA, DE, IA, KS, ME, MD, MA, NE, NC, OR, VT, and VA. If you do not live in one of these states and wish to have state taxes withheld, or wish to have state taxes withheld in ADDITION to your state's requirements, please indicate that percentage here: _____%
 For CA and OR residents only: I elect to opt out of state tax withholding. I understand that I may be liable to pay these taxes at a future date.

GROSS UP ELECTIONS: You may increase the amount of your withdrawal so that the check you receive will be for the amount you requested after your elected tax withholding and anticipated penalties are withheld (check all that apply). This is called gross up. If there are no changes to the tax withholding elections above, and you elect to gross up, your withdrawal amount will be increased to cover the default 10% federal tax withholding.

- Yes, I would like to gross up my withdrawal amount as explained above. No, I would NOT like to gross up my withdrawal amount as explained above.

For example: If your stated withdrawal need was \$1,000 and you elected to have 20% withheld for federal taxes, the \$1,000 pre-tax withdrawal amount could be increased to \$1,250. You would receive a net check amount of \$1,000; the additional \$250 (20% of \$1,250) would be sent to the IRS to pay taxes. You may only increase the withdrawal amount if there are sufficient funds available in your account.

HOW WOULD YOU LIKE TO RECEIVE YOUR WITHDRAWAL? *(select one only)*

- First class mail at no additional charge.** **Expedited delivery.** I understand I will pay a nonrefundable fee of \$25 which will be deducted from my account.

REASON FOR UNFORESEEABLE EMERGENCY WITHDRAWAL AND CHECKLIST

Attach copies of the required documents that will substantiate both the nature and the amount of the severe financial hardship.
These copies will not be returned; therefore, you should not send originals.

The following circumstances are considered for severe financial hardship under the Plan. If you have any questions about the qualifying reasons for an unforeseeable emergency withdrawal or the acceptable forms of documentation, please contact a Customer Service Associate before proceeding. The contact information is available on the last page of this form.

REASON	REQUIRED DOCUMENTATION AND INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION	UNACCEPTABLE REASONS/ DOCUMENTATION
<input type="checkbox"/> Unreimbursed medical expenses for medical care previously incurred or anticipated by: <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> Your dependent ¹ <input type="checkbox"/> Your beneficiary ²	Select <u>one</u> of the following: <input type="checkbox"/> Explanation of Benefits (EOB) from provider dated within the past 12 months that reflects the amount paid by the insurance company and reflects the amount owed by the insured, OR <input type="checkbox"/> A bill from provider dated within the past 12 months that indicates the amount still owed and indicates the costs not reimbursed by the insurance company, OR <input type="checkbox"/> A bill from provider dated within the past 12 months that indicates the amount still owed, and the Explanation of Benefits (EOB) from provider dated within the past 12 months that reflects the amount paid by the insurance company and the amount owed by the insured, OR <input type="checkbox"/> A bill dated within the past 12 months that indicates the amount still owed, and a letter written and signed by me to certify that I do not have insurance.	<ul style="list-style-type: none"> • Medical bills that do not show portion paid by insurance • Collection agency notices • Bills already paid
<input type="checkbox"/> Repair of principal residence, that would qualify as a casualty deduction under the Internal Revenue Code, such as a fire or storm	1) Letter explaining what caused the casualty, and 2) Statement from your insurance company stating the loss is not covered, and 3) Billing statement or cost estimate The above documents must: <input type="checkbox"/> be dated within last 4 months, and <input type="checkbox"/> reflect the amount necessary to repair principal residence, and <input type="checkbox"/> include the property address, and <input type="checkbox"/> have a future payment due date	<ul style="list-style-type: none"> • General estimate for repair (no property address, not dated or amount owed) • Routine maintenance, remodeling, additions, non-attached buildings and garages • Bills already paid
<input type="checkbox"/> Prevention of mortgage foreclosure or eviction from your principal residence	1) Proof of pending foreclosure or pending eviction <input type="checkbox"/> Tax lien, or <input type="checkbox"/> Bank/mortgage statement, or <input type="checkbox"/> Letter from bank/mortgage company, or <input type="checkbox"/> Letter from landlord on company letterhead or notarized, or <input type="checkbox"/> Copy of the court document substantiating the eviction or foreclosure legal proceedings The above documents must: <input type="checkbox"/> be dated within last 4 months, and <input type="checkbox"/> reflect the amount necessary to prevent eviction/ foreclosure, and <input type="checkbox"/> contain eviction/foreclosure date. This date must be in the future, and <input type="checkbox"/> include the property address, and <input type="checkbox"/> have a future payment due date 2) If the current address on record is a PO Box, a document from a municipal or government agency providing proof of physical address. <i>(Example: Utility bill or drivers license)</i>	<ul style="list-style-type: none"> • IRS tax liens that do not specify address of property to be foreclosed • Late payment statements that do not threaten eviction or foreclosure • Lease agreements • Bills already paid
<input type="checkbox"/> Funeral/Burial expenses for: <input type="checkbox"/> Your spouse <input type="checkbox"/> Your child <input type="checkbox"/> Your parent <input type="checkbox"/> Your dependent ¹ <input type="checkbox"/> Your beneficiary ²	1) Copy of death certificate, and 2) Funeral/burial statement which must: <input type="checkbox"/> reflect name of deceased, and <input type="checkbox"/> reflect date of services provided within the past 90 days, and <input type="checkbox"/> reflect your name as individual billed, and <input type="checkbox"/> include itemized funeral/burial expenses, and <input type="checkbox"/> have a future payment due date	<ul style="list-style-type: none"> • Pre-purchase of lot or headstone • Bills already paid

REASON	REQUIRED DOCUMENTATION AND INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION	UNACCEPTABLE REASONS/ DOCUMENTATION
<input type="checkbox"/> The 457 Plan allows for UEWs following circumstances: <ul style="list-style-type: none"> • Lost Income • Legal Fees 	<input type="checkbox"/> Lost Income: Available for participant and spouse for time lost at work due to unforeseen circumstances such as illness/accident/ layoff. If the participant has been terminated due to workplace disciplinary action we cannot approve. We can only pay lost time for the previously 12 months. Must: <ul style="list-style-type: none"> <input type="checkbox"/> Submit a letter from employer stating date service ended, normal hours worked weekly, hourly wage and number of hours leave without pay. <input type="checkbox"/> Submit two pay stubs received before service ended and copies of any unemployment/ disability payments. <input type="checkbox"/> Legal Fees: Must submit bill for attorney fees only dated within past 6 months.	<ul style="list-style-type: none"> • We cannot pay for future lost income. • Cannot approve for court fines or judgments. • Legal fees for divorce related expenses not qualified.

If you selected a severe financial hardship for your dependent or your beneficiary:

¹A dependent is anyone who meets the definition of IRC Section 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof.

²Your beneficiary must be designated the primary beneficiary of your account.

By checking this box, I hereby certify that the person(s) I am requesting funding for would be considered as a dependent¹ or beneficiary² as stated above. If this box is not checked, I understand my unforeseeable emergency request will be rejected.

SPOUSAL INFORMATION/CONSENT

By signing this form I acknowledge my Spouse's request for a Distribution.

SPOUSAL SIGNATURE: _____ **DATE:** _____

JUSTIFICATION FOR ABSENCE OF SPOUSE'S SIGNATURE FORM

If a spouse's signature does not appear on the Hardship Distribution Request Form, and you are legally married, the following information MUST be completed by the participant and submitted with the form.

- I am married, but my spouse did not sign the form because either:
- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse; **OR,**
 - My spouse has been advised of the application and has refused to sign the written acknowledgement; **OR,** My spouse is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **OR,**
 - My spouse has no identifiable community property interest in the benefit; **OR,**
 - My spouse and I have executed a marriage settlement agreement that makes the community property law inapplicable to the marriage.

I certify under penalty of perjury that the foregoing information is true and correct.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

AUTHORIZATION

By signing below, I certify that:

1. I have read and understand the information contained within this form.
2. The facts presented in this request and in the documents used to substantiate my unforeseeable emergency withdrawal amount are true to the best of my knowledge and describe an outstanding severe financial hardship.
3. I have exhausted all other means available and meet the Plan requirements as stated in the Unforeseeable Emergency Requirements section.
4. I hereby authorize California Public Employees Retirement System (CalPERS) and Voya to contact any person or business to confirm any facts or statements contained in this application and the attached documents.
5. I certify, under penalties of perjury, that to the best of my knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete and the attached documents are valid and complete and have not been altered or manipulated in any manner.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

EMPLOYER'S SIGNATURE: _____ **DATE:** _____

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- Verified that the Plan has your current address
- Reviewed and completed the Unforeseeable Emergency Requirements to determine if you are **ELIGIBLE** to take a unforeseeable emergency withdrawal
- Indicated your **AMOUNT, TAX WITHHOLDING** and **GROSS UP ELECTIONS**
- Selected **DELIVERY METHOD**
- Selected a **VALID REASON** for the withdrawal
- Provided the **REQUIRED DOCUMENTATION**
- Provided authorized **SIGNATURE (both your signature and employers)**
- Completed the **SPOUSAL CONSENT** (signed and notarized with an official notary stamp or seal) if you are married

If you have any questions or need to obtain additional plan or account information, please go online at <https://calpers.voya.com> or call the CalPERS Service Center at 1-800-260-0659. Customer Service Associates are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).

If your application is complete, please mail or fax the application and any required documentation to:

VIA FAX

Voya Financial
Attn: CalPERS Plan Administration
1-888-228-6185

VIA MAIL

Voya Financial
Attn: CalPERS Plan Administration
P.O. Box 24747
Jacksonville, FL 32241-4747

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: CalPERS Plan Administration
8900 Prominence Parkway
Jacksonville, FL 32256-8264