

INSTRUCTIONS FOR COMPLETING
457 UNFORESEEABLE EMERGENCY (UE) CLAIM FORM

- Section I:** Please complete all personal information.
- Section II:** Read eligibility requirements to ensure your compliance.
- Section III:** Read “Explanation of Qualifying Events” and determine which Unforeseeable Emergency provision(s) you are able to document.
- Section IV:** Select your qualifying unforeseeable emergency event by checking and completing the corresponding box(es) and required information. Also, indicate the dollar amount(s) needed to meet the emergency. Add the amounts of all applicable qualifying events on the subtotal line. You may request an additional amount to be paid to you to cover your expected taxes and penalty. Indicate any additional funds above your emergency on the line indicated (not to exceed 27%). Add the subtotal and the additional funds (if applicable) and indicate the total emergency amount on the Total Request line.
- Section V:** You have the option to request additional Federal income tax withholding. The Authority will withhold 10% federal tax plus any requested additional tax from your withdrawal unless you elect not to have withholding. If you live in a state that mandates state income tax withholding, it will be withheld (Kentucky does not require state tax withholding). You may elect additional state tax withholding above what is required.
- Section VI:** You must elect your payment delivery method. If you do not choose an option a check will be mailed to your address on file.
- Section VII:** Sign, date, and provide your social security number on the lines provided.

BEFORE RETURNING UE CLAIM FORM PLEASE READ INFORMATION BELOW

You need to fully complete, sign, and return the 457 UNFORESEEABLE EMERGENCY (UE) CLAIM FORM in order to ensure that you obtain the payout you want.

If you have questions or need assistance, please contact Member Services at 1-800-542-2667.

457 UNFORESEEABLE EMERGENCY (UE) CLAIM FORM

Section I: Personal Information (PLEASE PRINT)

Last Name First Name MI

Mailing Address

City State Zip Code

Social Security Number Date of Birth

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Home/Cell Phone Work Phone

Employer Name

Section II: Eligibility Requirements

I certify by my signature that:

- This request is limited to the amount reasonably necessary to satisfy the emergency need, which may include any amounts necessary to pay any federal, state, or local income taxes reasonably anticipated to result from the distribution.
- I have obtained all distributions other than UE distributions available from all my employer's plans in which I am active.
- The unforeseeable emergency cannot be satisfied by cessation of deferrals or by reasonable liquidation of my actual and deemed assets to the extent the liquidation would not itself create an additional immediate and heavy financial need.
- The amount of emergency need is not relieved through reimbursement, insurance or otherwise.
- I am unable to obtain sufficient funds to satisfy the UE by borrowing from commercial lenders on reasonable commercial terms.
- I understand any monies received must be reported as taxable income.
- My Social Security Number is correct.
- I understand my funds will remain in plan investments until withdrawal is made.
- I understand my withdrawal will be taken pro-rata from my available funds.

Section III: Explanation of Qualifying Events: **UNFORESEEABLE FINANCIAL EMERGENCY** means severe financial emergency resulting from an illness or accident of you, your spouse, or your dependent (as defined under the Tax Code), loss of your property due to casualty (including the need to rebuild a home following damage to your home not otherwise covered by homeowner's insurance, for example, as a result of a natural disaster), or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond your control; including, for example: (i) payment of funeral expenses of your spouse or dependent; (ii) imminent foreclosure of or eviction from your primary residence; and (iii) medical expenses such as non-refundable deductibles and prescription drug medication. Unforeseeable Financial Emergency means a decision by the Administrator that a real and unforeseen emergency exists, which is beyond your control and which would cause you a great hardship if an early distribution of benefit was not permitted. Foreseeable expenditures normally budgetable, such as the purchase or repair of an automobile; major appliance; payment of credit card charges, payment of utility bills, etc., will not constitute an Unforeseeable Emergency. Losses or cash flow problems on properties held for investment do not constitute an Unforeseeable Emergency.

Last Name _____ First Name _____ MI _____ Social Security Number _____
Section IV: Selection of Qualifying Events: I am applying for an Unforeseeable Emergency distribution from the Kentucky Public Employees' Deferred Compensation Authority 457 Plan. The reason(s) for my request is as indicated below.

Check **ONLY** those event(s) that apply. Attach additional sheets if necessary.

☐ **1. UNINSURED MEDICAL/DENTAL EXPENSES** AMOUNT NEEDED \$ _____
Name of individual who incurred the medical expense: _____
Relationship to individual: ☐ Self ☐ Spouse ☐ Child/Legal Dependent/Dependent*
Expense(s) (Check all that apply): ☐ Diagnosis ☐ Treatment ☐ Prevention ☐ Transportation ☐ Long-Term Care
Provider (check all that apply): ☐ Hospital ☐ Doctor ☐ Dentist ☐ Chiropractor ☐ Pharmacy ☐ Other: _____
Name/Address of provider: Name: _____
Address: _____ (State) _____ (Zip) _____

☐ **2. FUNERAL/BURIAL EXPENSES** AMOUNT NEEDED \$ _____
Name of deceased: _____ Date of death: _____
Relationship: ☐ Parent ☐ Spouse ☐ Child ☐ Dependent/Legal Dependent*
Name/Address of Service Provider (cemetery/funeral home):
Name: _____
Address: _____ (State) _____ (Zip) _____

☐ **3. REPAIRS FOR DAMAGE TO PRINCIPAL RESIDENCE** AMOUNT NEEDED \$ _____
Date of loss/damage: _____ Is this your principal Residence: ☐ YES ☐ NO
Address of damaged residence: _____ (State) _____ (Zip) _____
Category of cause: ☐ Fire ☐ Flood ☐ Weather ☐ Other: _____
Describe repairs, whether repair is pending or completed and date of completion: _____

☐ **4. PREVENTION OF FORECLOSURE/EVICTION** AMOUNT NEEDED \$ _____
Is this your principal Residence: ☐ YES ☐ NO
Date of Notice: _____ Due Date of Payment: _____
Address of residence: _____ (State) _____ (Zip) _____
Category of notice: ☐ Foreclosure ☐ Eviction
Name/address of Party of issued Notice: Name: _____
Address: _____ (State) _____ (Zip) _____

Total of immediate hardship (add lines 1 through 4) SUBTOTAL \$ _____
Additional funds above amount requested to cover taxes and penalties on this withdrawal (limit 27%) \$ _____
Total hardship withdrawal requested (add subtotal line and additional amount line) **TOTAL REQUEST*** \$ _____
*Gross amount of funds to be withdrawn from account (not to exceed available hardship amount).

Section V: Federal and State Income Tax Withholding

Federal Tax- The Authority will withhold federal tax at 10% from your withdrawal unless otherwise indicated by checking a box below.

- ☐ Do Not withhold Federal Tax from my withdrawal
- ☐ Withhold a TOTAL of \$ _____ for federal tax. (Please note: If this option is selected, a minimum of 10% federal tax will be withheld)

State Tax - If you live in a state that mandates state income tax withholding, it will be withheld (Kentucky does not require state tax withholding).

If you would like additional state tax withheld above what is required indicate dollar amount \$ _____

Section VI: Payment Delivery

- A. ☐ Check mailed to your address on file (Default payment delivery if no option is chosen)
- B. ☐ Direct Deposit: ☐ Add or Update Bank Information ☐ Use Information on File

I authorize the Kentucky Public Employees' Deferred Compensation Authority to directly deposit my distribution payment to my bank account via ACH.

Documentation of your bank account is required.** Attach a voided check or an official account verification letter from your bank. All documentation must include the following information: name of your financial institution, name on the account, account type, bank routing number and bank account number.

Please attach documentation over example below or on a separate sheet

Member Name Address City, State Zip	Check No. 123 Date
Pay to the Order of ABC Bank City, State	Dollars
For	MP
12345678 0123456789 1234 123456789 0123456789 123	

****NOTE:** *For your security, starter checks are not considered an acceptable form of documentation. Failure to provide the necessary documentation will result in a paper check being sent to you by mail for the distribution payment.* The direct deposit will be sent to your financial institution by ACH (Automated Clearing House). The deposit of funds into your bank account could take up to 3 business days from the payout date.

Section VII. Certification of Unforeseeable Emergency

I certify the information submitted on this Unforeseeable Emergency Claim form to be true and accurate. I have read and understand the proposed claim form and all provisions contained therein.

I hereby request that such claim be effected. I understand I will be asked to provide documentation if my signature cannot be verified through documents on file with KPEDCA.

The Authority allows up to two approved Unforeseen Emergency Withdrawals per calendar year.

If you complete the form and return it to this office with the proper verification, it will be reviewed. Remember, your claim must be fully completed, signed, and documented before it can be considered. If your Unforeseeable Emergency Claim is approved, the payment of the amount approved will be sent directly to you.

You should retain copies of documentation (cost estimates, bills etc.) in support of this Unforeseen Emergency request for at least three years from date of request.

Signature _____ **Date** ____/____/____

Printed Name _____ **SS #** _____

Please Note: this payout form in its entirety is 4 pages. Payouts are generally processed within 10 days of receipt of all needed paperwork. Failure to return a properly completed form may delay your payout and result in the form being returned to you for corrections.

Return form by fax to (877) 677-4329 or by mail to:

Nationwide Retirement Solutions

P.O. Box 182797 Columbus, OH 43218-2797

Express Mail: Nationwide Retirement Solutions

1 Nationwide Plaza 1-LC-F2

Columbus, OH 43215-2239

**NOTICE OF WITHHOLDING ON NON-PERIODIC
DISTRIBUTIONS OR WITHDRAWALS FROM
THE KENTUCKY PUBLIC EMPLOYEES'
DEFERRED COMPENSATION AUTHORITY PLANS**

The distributions or withdrawals you receive from your Kentucky Public Employees' Deferred Compensation Authority (KPEDCA) Plan are subject to Federal income tax withholding unless you elect not to have withholding apply.

You may elect not to have withholding apply to your distribution or withdrawal payments that are **not** eligible for rollover by completing and returning the appropriate KPEDCA tax withholding form to the KPEDCA.

If you do not respond **before** the date your distribution is scheduled to begin, federal income tax will be withheld from the taxable portion of your distribution or withdrawal.

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

ELECTION FOR PAYEES OF NON-PERIODIC PAYMENTS

If you do not want any federal income tax withheld from your payment, complete and return the appropriate KPEDCA tax withholding form.

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