

1. Document and IRS Information

The Required Documentation Checklist and the Unforeseeable Emergency Withdrawal Form are enclosed in this booklet.

The instructions contained in this booklet summarize the major provisions of federal and State of California tax rules applicable to your payment. Tax rules are complex and contain conditions and exceptions not included in these instructions. You may find more specific information on the tax treatment of payments drawn from retirement plans in the Internal Revenue Service (IRS) Publication 575: *Pension and Annuity Income*, and IRS Publication 590: *Individual Retirement Arrangements*. These publications are available from your local IRS office, the IRS website at irs.gov, or contact the IRS Tax Forms Distribution Center at (800) 829-3676. For more information on California State tax withholding, refer to *Withholding From Pensions, Annuities, and Certain Other Deferred Income*, available at edd.ca.gov.

2. Eligibility to Withdraw Funds

An unforeseeable emergency is defined by the IRS as a severe financial hardship to you, your spouse, or a dependent 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, for example: the imminent foreclosure of or eviction from your primary residence; the need to pay for medical expenses, including non-refundable deductibles or prescription drugs; or the need to pay for funeral expenses for your spouse or dependent.

Approval for an unforeseeable emergency withdrawal is not automatic. If approved, you can receive up to the full amount of your 457(b) account balance.

An unforeseeable emergency withdrawal from your 457(b) account may have income tax implications. You may wish to obtain the advice of a tax advisor before you request an unforeseeable emergency withdrawal.

You are not eligible for an unforeseeable emergency withdrawal, if the emergency can be relieved through: (1) reimbursement or compensation from insurance or otherwise; (2) liquidation of your assets, to the extent that would not itself cause severe financial hardship; or (3) stopping your deferrals to the plan. 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

In-Service Withdrawal Note: You may consider requesting an in-service withdrawal of your rollover source (all sources if you are over age 59½) prior to submitting your unforeseeable emergency request. Understand different withholding applies for an in-service withdrawal of your rollover source; Savings Plus will withhold 20% of the amount withdrawn for federal income taxes. You may not elect to waive this withholding.

3. General Information

Contact the Savings Plus Solutions Center to request a *Benefit Payment Booklet* if you have separated from state employment and want a withdrawal. (do not complete this form)

Account Information

You may withdraw all or any portion of your Employee Pre-Tax subaccount, 401(k) Rollover Pre-Tax subaccount, 457(b) Rollover Pre-Tax subaccount, Employer Discretionary subaccount, Roth Contribution subaccount, Roth Rollover subaccount, and In-Plan Roth Conversion subaccount. Such withdrawals shall be made proportionately (pro-rata) from your account and subaccounts unless you indicate otherwise in section 6 of the form.

If your withdrawal includes Roth assets, there will be additional tax implications. Since the withdrawal is considered non-qualified, the earnings portion of the Roth withdrawal amount will be taxable.

All information contained in this booklet was current as of the print date. The Plan reserves the right to amend any of the procedures or plan provisions outlined in this booklet or the Plan Document. Such changes may be enacted without prior announcement or the express consent or agreement of plan participants. The Plan Document will govern if any contradiction arises between the terms of the Plan Document and this booklet.

3. General Information (continued)

Supporting Documentation and Application

Before submitting your completed *Unforeseeable Emergency Withdrawal Form*, attach your required documentation. Form and documentation submission options are provided below. All documentation is reviewed and does not guarantee approval of your request. In some cases, additional documentation may be requested. Once all necessary documentation is received, your request is reviewed and a decision is made within 3-5 business days. Allow 5-10 business days to be notified in writing of the final decision.

See section 8 of the booklet for the supporting documentation needed to apply for an unforeseeable emergency withdrawal for specific reasons.

PCRA

If you have a Personal Choice Retirement Account (PCRA), it may be necessary to transfer your PCRA funds into your core funds to satisfy the amount of your unforeseeable emergency withdrawal request and maintain the required minimum balance in your core account.

Payment Dates

We issue payment within 3-5 business days of receipt of a properly completed form. Delivery of payment may vary depending on the type of payment method you request in section 7 of the form.

Payment Information

Payments are issued via direct deposit, at no charge, to one financial institution of your choice or via check (\$2 fee deducted from your account) to your address on file.

To issue payment via direct deposit to your financial institution, you must provide the following information:

- Name and 9-digit routing number of your financial institution
- Account number and account type

NOTE: Direct Deposit is not available to financial institutions outside of the United States.

If your financial institution, account number, or routing number changes, you must complete a new *Direct Deposit/Debit Authorization Form*. Submission of a new *Direct Deposit/Debit Authorization Form* replaces any previous direct deposit/debit authorization on file. This change may take up to 3-5 business days to become effective.

If any of the required information is incomplete, invalid, or not provided, you will be mailed a check.

Check Fee

A \$2 processing fee is charged for each payment you choose to have issued by check. This fee is deducted from your account.

Overnight Mail

If you receive payment by check, you may request to have your check sent to your home address via overnight mail for a \$25 fee. The fee is deducted from your account.

Uncashed Checks

Checks are valid for 120 days from the date of issuance. If uncashed after 120 days, the check may not be negotiated by your financial institution. In the event you have a check which remains uncashed for more than 120 days, you must contact the Savings Plus Solutions Center so that a replacement check can be issued.

Lost or Stolen Checks

You may contact the Savings Plus Solutions Center to report a check as lost or stolen if you do not receive it within 14 days from the issue date.

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

3. General Information (continued)

For purposes of an unforeseeable emergency application for funeral expenses, a “dependent” includes a qualifying child or qualifying relative, even if the dependent is married and irrespective of their gross income. For purposes of an unforeseeable emergency withdrawal, a “child” includes natural, foster, adopted, and stepchildren.

4. Tax Withholding Information

Federal Tax Withholding

Savings Plus will withhold 10% of the amount withdrawn for federal income taxes unless you request otherwise in section 5 of the form. You are not permitted to specify a total dollar amount for withholding. However, you may elect to increase the withdrawal amount to accommodate federal income tax withholding on the taxable portion of the withdrawal.

Special withholding rules apply to payments to non-U.S. citizens. Please refer to IRS Publication 505: *Tax Withholding and Estimated Tax*, IRS Publication 515: *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and IRS Publication 519: *U.S. Tax Guide for Aliens* for further information.

State Tax Withholding

All California residents are subject to California State income tax withholding at the rate of 10% of federal withholding unless you request otherwise by completing a **California State Withholding Certificate for Pension or Annuity Payments (DE 4P)**.

California State Withholding Certificate for Pension or Annuity Payments (DE 4P)

A **DE 4P** allows you to modify the amount of California State income tax withholding from your payment(s). You are not permitted to specify a dollar-amount withholding on the **DE 4P**. However, you may elect to modify your withholding amount by designating an additional dollar amount to be withheld, or claiming exempt.

If you choose to modify the amount of state income tax withholding with a **DE 4P**, the modification will only apply to the withdrawal request to which the **DE 4P** is attached. If you live outside California, consult your state taxing authority for more information. The **DE 4P** form is available at edd.ca.gov or contact the Savings Plus Solutions Center to have one mailed to you.

1099-R Tax Document

For tax reporting, a Form 1099-R will be issued by January 31 of the year following your payment.

5. Payment Method

One Time Payment

A specific dollar amount paid directly to you. This withdrawal is not eligible for rollover.

6. Contact Information

Voice Response System: (855) 616-4776, 24 hours a day, 7 days a week

Savings Plus Solutions Center: (855) 616-4776, 5 a.m. – 8 p.m. (PT), Monday–Friday
To speak with a Customer Service Representative, press *0

Walk-In Center: Open 8 a.m. – 5 p.m. (PT), Monday–Friday
1810 16th Street
Room 108
Sacramento, CA 95811-6606

TTY: (800) 848-0833

Website: savingsplusnow.com

7. Submission Instructions

You may submit your completed application by mail or fax, or you may be able to submit via DocuSign.

By Mail: Nationwide Retirement Solutions
PO Box 182797, Columbus, OH 43218-2797

By Fax: (877) 677-4329

By DocuSign: Contact the Savings Plus Solutions Center

NOTE: If you submit your completed form by mail, please send the original with wet signatures and keep a copy for your records. If you submit it by fax, please keep the original with wet signatures for your records.

8. Required Documentation Checklist

You are required to submit and keep copies of the source documents that substantiate the request amount and to make them available at any time, upon request.

Reason	Required Documentation - to verify the unforeseeable emergency need in the event they are requested
Property Loss Due to Accident/Casualty	<input type="checkbox"/> 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 <input type="checkbox"/> If you do not have insurance, a signed statement indicating you do not have insurance <input type="checkbox"/> Detailed repair estimate from a licensed contractor indicating the specific causes of the damage <input type="checkbox"/> If this the result of an accident, an official police report
Home Repair	<input type="checkbox"/> 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 <input type="checkbox"/> If you do not have insurance, a signed statement indicating you do not have insurance <input type="checkbox"/> Detailed repair estimate from a licensed contractor <input type="checkbox"/> Letter of medical necessity from a licensed medical professional (e.g. - wheel chair ramps)
Repair of Primary Vehicle Due to Accident or Casualty	<input type="checkbox"/> 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 <input type="checkbox"/> If you do not have insurance, a signed statement indicating you do not have insurance <input type="checkbox"/> Detailed repair estimate from a licensed mechanic indicating the make and model of the vehicle in need of repairs <input type="checkbox"/> If this the result of an accident, an official police report
Foreclosure and/or Eviction	<input type="checkbox"/> If foreclosure, a letter dated within 60 days from the mortgage company indicating the dollar amount needed to prevent imminent foreclosure or acceleration on your primary residence. The letter must include the property address of the loan under threat of foreclosure <input type="checkbox"/> If eviction, a 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 <p>NOTE: No more than two unforeseeable emergency withdrawals will be approved for reasons of foreclosure and/or eviction within a 12-month period</p>
Customary Funeral/Burial Expenses	<input type="checkbox"/> Detailed invoice from a funeral home and/or cemetery that itemizes the cost of funeral expenses for which you are responsible <input type="checkbox"/> Copies of receipts, booking information (air/hotel), and other travel expenses related to the funeral and/or burial <input type="checkbox"/> Verification of relationship to the decedent <input type="checkbox"/> Copy of the Death Certificate
Medical/Dental/Prescription Expenses	<input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> If the procedure could be considered cosmetic, a letter from a medical doctor/dentist indicating the reasons why the procedure is medically necessary <input type="checkbox"/> 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	<input type="checkbox"/> 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 <input type="checkbox"/> A copy of your last full pay stub indicating regular full pay rate, and if still employed, a current pay stub showing reduced pay <input type="checkbox"/> Documentation to show a minimum of 6 months of pay in the same position, or 1 year of similar pay <input type="checkbox"/> If applicable, documentation from the unemployment office listing when benefits start and the dollar amount you are eligible to receive <input type="checkbox"/> 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(b) Unforeseeable Emergency Withdrawal Form

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

Processing will be completed within 3-5 business days of receipt of a properly completed and signed form.

1. Participant Information

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____
Phone Type: Home Work Cell

2. Reason for Unforeseeable Emergency Request

- Property Loss Due to Accident/Casualty
- Home Repair
- Repair of Primary Vehicle Due to Accident or Casualty
- Foreclosure and/or Eviction
- Customary Funeral/Burial Expenses
- Medical/Dental/Prescription Expenses
- Involuntary Loss of Income (Participant or Spouse) due to Accident or Casualty

NOTE: No more than two unforeseeable emergency withdrawals will be approved for reasons of foreclosure and/or eviction within a 12-month period

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?	<input type="checkbox"/>	<input type="checkbox"/>
• The reasonable liquidation of assets, provided the liquidation would not itself cause an immediate heavy financial need?	<input type="checkbox"/>	<input type="checkbox"/>
• Stopping elective contributions under the 401(k) Plan and/or 457(b) Plan? - If you would like to stop your contributions, contact the Savings Plus Solutions Center.	<input type="checkbox"/>	<input type="checkbox"/>

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/are exhausted or until you provide documentation that your unforeseeable emergency cannot be completely relieved through the source(s) indicated above.

4. Unforeseeable Emergency Expenses Worksheet and Withdrawal Request

Reason	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount Requested: \$ _____	

I understand that my unforeseeable emergency withdrawal is limited to the amount reasonably necessary to satisfy the emergency need 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 amount shown above.

5. Federal and State Income Tax Withholding Information

Federal and state income tax withholding: Select one option, if no option is selected, Savings Plus will use a default rate of 10% federal and any applicable state income tax withholding.

- I elect to increase the total amount of the withdrawal. Include funds to cover 10% federal and any applicable state income tax withholding.
You will receive 100% of the approved amount of the request. If your account balance is insufficient to accommodate federal income tax withholding, the entire account balance will be distributed, 10% will be withheld for federal and applicable state income taxes, and the remaining balance will be paid to you.
- I elect to opt-out of federal and state income tax withholding (0% withholding).
You will be liable for all federal and state income taxes that may result from this withdrawal.

NOTE: All California residents are subject to California State income tax withholding at the rate of 10% of federal withholding unless you request otherwise by completing a **California State Withholding Certificate for Pension or Annuity Payments (DE 4P)**. Information on the **DE 4P** can be found in section 4 of the booklet.

6. Withdrawal Direction

If an option is not selected, your assets will be withdrawn proportionately from all money sources and investment options. If you indicate a percentage, you must use whole percents only.

1. Proportionately from all money sources and investment options **OR**

2. From Specific Money Sources **AND/OR**
(Pre-tax, Roth, Rollover, etc. - indicate all that apply)

_____ \$ _____ or _____ %
 _____ \$ _____ or _____ %
 _____ \$ _____ or _____ %
 _____ \$ _____ or _____ %
 _____ \$ _____ or _____ %

3. From Specific Investment Options
(Please list investment options)

_____ \$ _____ or _____ %
 _____ \$ _____ or _____ %
 _____ \$ _____ or _____ %
 _____ \$ _____ or _____ %
 _____ \$ _____ or _____ %

7. Payment Method (select one)

NOTE: Direct Deposit is not available to financial institutions outside of the United States.

Direct Deposit on file: Assets will be sent to the financial institution that Savings Plus has on file.

Mail Check: Your check will be mailed first class to your address on record with Savings Plus. Allow 5-10 business days from process date for delivery. If no other option is selected, your payment will be issued by check and mailed. An additional \$2 fee will be deducted from your account.

Overnight Check: Your check will be mailed overnight at your expense to your address on record with Savings Plus. An additional \$25 fee will be deducted from your account. PO Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2 business days from process date for delivery.

New Direct Deposit Authorization: Assets will be sent to the financial institution that you indicate below.

Financial Institution Information:

Financial Institution Name _____

Account Type: Checking Savings
If account type is not selected, checking will be used.

Routing Number _____

Account Number _____

John Doe
123 Main Street Ph. (916) 555-1212
Hometown, CA 98765

Date _____ 1492

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

Money Bank, Inc.
321 Main Street
Hometown, CA 98765

MEMO _____

⑆ 123456789 ⑆ 000012345678 ⑆ 1492
9-digit Routing Number Checking Account Number Check Number

NOTE: If information is not completed correctly or no option is selected, a check will be sent to your address on file.

Is this account associated with a brokerage firm or other investment firm? Yes No

If yes, have you confirmed that the routing and account numbers are correct? Yes No

I hereby authorize Savings Plus to initiate automatic direct 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 which I supplied or due to an error caused by my financial institution. This authorization will remain in effect until I submit a new **Direct Deposit/Debit Authorization Form** to Savings Plus to change or revoke this authorization or until Savings Plus receives a written notice of cancellation from my financial institution.

8. Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan withdrawals. FATCA does not apply as this is a U.S. account. Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding; or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

9. Signature

I request an unforeseeable emergency withdrawal to be made in accordance with my election stated above. I understand the State of California has the authority to approve or reject this request. I understand all or a portion of the amount approved is subject to federal and state income tax withholding. I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant Signature: _____ **Date:** _____

10. Submission Instructions

You may submit your completed application by mail or fax, or you may be able to submit via DocuSign.

By Mail: Nationwide Retirement Solutions
PO Box 182797, Columbus, OH 43218-2797

By Fax: (877) 677-4329

By DocuSign: Contact the Savings Plus Solutions Center