

Governmental 457(b) Unforeseeable Emergency Withdrawal Request



MONTGOMERY COUNTY PS (PS DCP)

1013899-01

Participant Information

Last Name			First Name			MI		
Social Security Number								
Account Extension (if applicable)								
Home Phone			Work Phone			E-Mail Address		
<input type="checkbox"/> Married			<input type="checkbox"/> Unmarried			Mo Day Year		
Please Select One:								
<input type="checkbox"/> U.S. Citizen			<input type="checkbox"/> U.S. Resident Alien			Date of Birth		
<input type="checkbox"/> Non-Resident Alien			Country of Residence _____ (Required)					

A check made payable to you will be mailed to your address on file unless otherwise requested in the Address Change/Alternate Mailing Address section below. You may confirm the address on file by accessing your account online at www.mlr.metlife.com. If you have recently changed your address or have any questions regarding the address on file, please contact our Client Service Department at 1-800-543-2520. **If you require an address change that is submitted the same day this request is submitted, or if you are requesting an alternate mailing address, you must have your signature notarized in the section below.** Beneficiary Account - If you acquired this account due to the death of the participant do not complete this form, instead complete a Death Benefit Claim Request form.

Unforeseeable Emergency Withdrawal Amount

Please specify the dollar amount you are requesting to satisfy your unforeseeable emergency: \$ \_\_\_\_\_  Net Amount

If your request is approved, the withdrawal of funds will be processed on a pro-rata basis across all available investment options.





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Last Name

First Name

MI

Social Security Number

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### Required Signature(s)

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

I understand that the Internal Revenue Code and my Section 457(b) Plan prohibits distributions prior to occurrence of certain events. I am requesting a distribution due to an unforeseeable emergency within the meaning of Section 457 of the Code and my Section 457(b) Plan, and understand that the Plan has an authority to approve or reject my request. I understand that supporting documentation must be provided to substantiate my unforeseeable emergency withdrawal request.

I hereby certify under penalty of perjury that information provided by me on this withdrawal request is true and accurate.

I have obtained all available distributions, other than unforeseeable emergency distribution, and all nontaxable loans currently available under all plans maintained by my employer (or related employers).

I certify that I cannot obtain the needed funds from any other available resources such as reimbursement or compensation from insurance, cessation of deferrals under the Plan, loans, liquidation of other assets to the extent the liquidation of such assets would not itself cause a severe financial hardship, or by any other means available to me. I understand that the amount of unforeseeable emergency distribution may be limited under the terms of the Plan and can never exceed my vested account balance.

I understand I am responsible for any applicable income tax and/or penalties on this distribution.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held for less than the period stated in the fund's prospectus or other disclosure documents. I acknowledge that the fee imposed by the fund company will be deducted from my account. I will refer to the fund's prospectus and/or disclosure documents for more information.

Under penalty of perjury, I certify that a Social Security number (or a Taxpayer Identification Number) as shown on the first page of this request is correct, and that I am a U.S. person if I checked the U.S. Citizen box or the U.S. Resident Alien box on this withdrawal request form.

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

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Participant Signature

Date

**Participant** forward to Service Provider at:

MetLife c/o FASCore, LLC

PO Box 173768

Denver, CO 80217-3768

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-800-543-2520

**Fax #:** 1-866-745-5766

**Website:** [www.mlr.metlife.com](http://www.mlr.metlife.com)

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### Unforeseeable Emergency Withdrawal Certification

Your Section 457(b) Plan permits unforeseeable emergency withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan that the reason for such withdrawal complies with applicable requirements under Internal Revenue Code and the Plan. You can only request an unforeseeable emergency withdrawal if you find that your situation warrants such request and you have sufficient documentation to support it.

The amount that may be distributed from the Plan is limited to the amount reasonably necessary to meet the unforeseeable emergency need after all other financial means available to you are taken into consideration.

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

Indicate the amount of the unforeseeable emergency on the line provided. The amount you request will be a gross amount; that is, federal and/or state income tax will be withheld from your requested amount (unless the Net Amount box has been selected). The unforeseeable emergency amount will be automatically prorated against all of your available investment options.

**Express Delivery** - Express delivery is available for full or partial distributions only. The amount of your distributable check will be reduced by \$25.00 for this service. Express delivery is only available Monday through Friday and is not available to P.O. boxes. Delivery is not guaranteed to all areas.

**Automated Clearing House (ACH)** - Check this box and complete this section only if you want your payment to be electronically deposited into your checking or savings account. You may not designate a business account or an IRA. Available on a one-time partial distribution payment to self for a \$15.00 non-refundable charge. ACH credit can only be made into a United States financial institution (bank/credit union). If you are requesting a one-time partial distribution payment to self, your payment amount will be reduced by \$15.00 for this service. Complete the financial institution name, account number, ABA routing number, financial institution mailing address, city, state and zip code. For a checking account, you must attach a preprinted voided check. If a preprinted check is not available, you must attach a signed letter from your financial institution, on their letterhead, that confirms the ABA routing number and your name and account number. For a savings account, you must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes your name, savings account number and ABA routing number.

By choosing an ACH credit to your financial institution account, you are authorizing Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to your checking or savings account. You are also authorizing your financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. Service Provider will make payments in accordance with the directions you have specified on the Unforeseeable Emergency until such time that you notify Service Provider in writing that you wish to cancel the ACH agreement. You must provide notice of cancellation at least 30 days prior to a payment date for the cancellation to be effective with respect to all of your subsequent payments.

Service Provider reserves the right to terminate the ACH transfers for any reason and will notify you in the event of such termination by sending notice to your last known address on file with Service Provider.

It is your obligation to notify Service Provider of any address or other changes affecting your electronic fund transfers prior to your payment date. You are solely responsible for any consequences and/or liabilities that may arise out of your failure to provide such notification.

By selecting an ACH method of delivery, you acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Unforeseeable Emergency. By selecting this method of distribution delivery, you are authorizing and directing your financial institution not to hold any overpayments made by Service Provider on your behalf, or on behalf of your estate or any current or future joint accountholder, if applicable.

**Income Tax Withholding Applicable to Payments Delivered Outside the U.S.**

If you are a U.S. citizen or resident alien and your payment is to be delivered outside the U.S. or its possessions, you may not elect out of federal income tax withholding.

If you are a non-resident alien you must attach IRS Form W-8BEN with an original signature. In general, the income tax withholding rate applicable to your payment is 30% unless a reduced rate applies because your country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced income tax withholding rate or an exemption from income tax withholding. To obtain the IRS Form W-8BEN, call 1-800-TAX-FORM.

Contact your tax professional for more information.