



Please print using blue or black print. Please send completed form to the following address:

Instructions THE COUNTY OF ALAMEDA
ALAMEDA COUNTY TREASURER'S OFFICE
1221 OAK ST, 1ST FLOOR, ROOM 131
OAKLAND, CA 94612

Questions?
Call 1-800-833-5761
for assistance.

About You

Plan number: 0 0 6 8 0 9 Sub Plan number: 0 0 1 8 8 1 THE COUNTY OF ALAMEDA

Social Security number: _____ - _____ - _____

First name: _____ MI: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP code: _____ - _____

Date of birth: _____ - _____ - _____ Daytime telephone number: _____ Gender: M F

month day year area code

Amount of Unforeseeable Emergency Withdrawal

Amount Requested: \$ _____

Withdrawal must be verified by the plan administrator. Depending on the terms of your plan, the withdrawal amount will either be prorated across all available contribution types and investments or taken in a specific sequence. If the amount requested exceeds your maximum withdrawal amount, you will be paid the maximum amount available.

Express Mail (check box if applicable) I wish to have my disbursement check sent by express mail. Therefore, please deduct \$10.50 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 Federal Income Tax

I understand that if I do not check one of the following boxes, 10% federal (plus any applicable state or local) income tax will be automatically withheld from my distribution.

I do not want federal income tax withheld from my distribution.

I want _____% federal income tax withheld from my distribution.

**Election For
Withholding
of State
Income
Taxes**

- A. Mandatory State Withholding:** If you reside in North Carolina (NC) or another state where state income tax withholding is mandatory (AR, CA*, DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only), ME, NE, OK*, OR*, VA or VT*) applicable withholding will be deducted automatically, unless election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.
- My resident state is North Carolina (NC), AR, DE, KS, ME, 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 North Carolina (NC), AR, DE, KS or ME state tax is not allowed for eligible rollover distributions.) *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.
- B. Voluntary State Withholding:** Please check the appropriate box below. If state income tax withholding is 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 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, GA, ID, IL, IN, KY, IA, MD (non-eligible rollover distributions only), MI, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, 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.
- I reside state is one of the following: AK, FL, HI, NV, NH, SD, TN, TX, WA, WY and there is no state income tax withholding.
- I reside state is AZ and there is no state income tax withholding on non-periodic (single sum) payments.

**Your
Authorization**

I certify that the information I have provided is true and correct and will be relied upon in processing my request and the tax implications regarding this disbursement. I understand that any failure in this regard, inaccurate assertion or misrepresentation may jeopardize the ability of my employer to offer a plan and may subject me to disciplinary action, including severance from employment. I will be responsible for its accuracy in the event any dispute arises with respect to the transaction. I certify all other distributions (other than hardship distributions) and non-taxable loans under this and all other employee benefit plans maintained by my employer have been obtained or sought and will not cause further hardship.

If your plan offers investment options 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 investment fund options. You may wish to review the fund prospectus 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.

Participant's signature **X** _____ Date _____

This section must be completed by your employer and signed by an authorized plan representative.

**Your Plan
Authorization**

X _____ *Date* ____|____|____
Authorized plan representative's signature
Print Name and Title _____

X _____ *Date* ____|____|____
Authorized plan representative's signature (if two signatures are required)
Print Name and Title _____

Prudential fax number: 1-866-439-8602.

**REQUEST FOR UNFORESEEABLE EMERGENCY
WITHDRAWAL APPLICATION INSTRUCTIONS**

THE ADMINISTRATION OF THE PLAN MAY BE AUDITED FROM TIME TO TIME BY THE INTERNAL REVENUE SERVICE FOR DETERMINATION OF FULL ADHERENCE TO THE REQUIREMENTS OF THE INTERNAL REVENUE CODE AND RELATED REGULATIONS. IF THE PLAN IS NOT ADMINISTERED IN COMPLIANCE WITH TAX LAWS, THE TAX BENEFITS OF THE PLAN CAN BE DENIED TO ALL PARTICIPANTS IN THE PLAN. FOR THIS REASON, INTERNAL REVENUE CODE AND IRS REGULATIONS MUST BE STRICTLY ENFORCED.

This application is made to satisfy an immediate and heavy financial need arising from one or more of the circumstances checked below which represent a legal obligation of the applicant, and which cannot be met by other reasonable available resources.

Name _____ Soc. Sec. No. _____

Date of Birth _____ Payroll Agency _____

Address _____

Business Telephone No. _____ Home Telephone No. _____

Amount of emergency distribution \$ _____

I. R. S. regulations state that an unforeseeable emergency is a severe financial hardship to a participant resulting from:

_____ A sudden and unexpected illness, accident, or disability of the participant, his or her spouse, or of a dependent of the participant.

_____ Loss of the participant's property due to casualty including imminent foreclosure of or eviction from the participant's primary residence or the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g. as a result of a natural disaster.

_____ Other similar extraordinary and unforeseeable circumstances as a result of events beyond the control of the participant.

_____ The need to pay for medical expenses (including non-refundable deductibles and the cost of prescription drug medication) for self, spouse, or dependent. **(Provide copies of all medical bills and insurance coverage's.)**

_____ Total disability, resulting in the inability to meet current financial obligations. **(Provide Physician's Statement.)**

_____ Inability to pay funeral expenses of spouse or dependent. **(Provide a copy of unpaid funeral bill.)**

_____ Such other emergency or situation of an unusual nature which may be deemed appropriate based on materials attached hereto. **(Explain your situation on a separate sheet of paper and attach all relevant documentation.)**

The circumstances that constitute an unforeseeable emergency will depend on the facts of each case. A distribution may not be made to the extent that such hardship may be relieved by funds gained through:

- 1.) Reimbursement or compensation by insurance or other sources.
- 2.) Liquidation of the participant's assets, to the extent such liquidation would not itself cause severe financial hardship.
- 3.) Discontinuing deferrals.

Generally not considered a "severe financial hardship" are not personal expenses normally budgetable such as:

- 1.) Purchase of a home.**
- 2.) Purchase or receipt of an automobile.**
- 3.) College or other educational expense.**
- 4.) Normal monthly bills (ie. rent, mortgage, credit card bills)**
- 5.) Payment of loans.**
- 6.) Elective Surgery.**
- 7.) Taxes.**

If you feel that you qualify for a withdrawal of funds, please complete the information requested on the attached sheets. Information must be complete or this form will be returned for additional information, thereby creating a delay in consideration.

For your request to be considered for approval, supporting documents must be submitted with this application. The following are examples of supporting documents that might be submitted.

- 1.) Medical bills and insurance statement showing amounts paid and due.
- 2.) Applicable death certificate.
- 3.) Doctor's statement verifying disability.
- 4.) Police or fire accident report.
- 5.) Written statement verifying property loss not covered by insurance.
- 6.) Notarized statements.
- 7.) Other documentation as may be needed.

Therefore, in support of this application and the representation made herein. I submit the attached documentation (e.g. copy of actual medical, funeral bill or other circumstantial information) as proof of the purpose and amount requested, and hereby certify the financial need that occasioned the application cannot be relieved.

I understand that this application can be approved only if the immediate and heavy financial need which required this application cannot be relieved by other financial resources that are reasonable to me. (Further, I understand that the amount distributed cannot exceed the amount required to relieve the financial need and that I may receive a smaller amount than requested).

**UNFORESEEABLE EMERGENCY STATEMENT
MUST BE COMPLETED AND ALL SUPPORTING DOCUMENTS
VERIFYING BOTH INCOME AND EXPENSES MUST BE ATTACHED.)**

ASSETS	CURRENT VALUE
CASH (CHECKING & SAVINGS)	_____
STOCKS AND BONDS	_____
LIFE INSURANCE CASH VALUE	_____
IRA	_____
TOTAL ASSETS	\$ _____

CURRENT MONTHLY INCOME	CURRENT EXPENSE (MONTHLY)
<u>Source</u>	Home Mortgage Payment or Rent \$ _____
Your Gross Salary	Utilities (Electric, Heat, Water, Tele, etc) _____
per month \$ _____	Food _____
Spouse's Gross Salary	Clothing _____
per month \$ _____	Medical Expenses _____
Other Income \$ _____	Car Payments _____
Total Current	Other Transportation Expenses _____
Income \$ _____	Charge Account Payments _____
Taxes Withheld \$ _____	College Expenses _____
Other Deductions _____	Insurance Premiums _____
Total Deductions _____	(Life, Health, Home, Car, etc.) _____
	Other (List) _____

Total Net Income \$ _____	TOTAL CURRENT EXPENSES \$ _____

*** NOTE:** If you feel that there are any other mitigating circumstances and wish to provide comments concerning your income, expenses or assets, please list them on the back of this form.

Please list the expenses directly related to this emergency which you are obligated to pay and attach a current copy of each bill.

<u>UNFORESEEABLE EXPENSES</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Please respond to the following:

1. Would you discontinue the deferrals to relieve the severe financial hardship _____ YES _____ NO
2. If the first question was answered "NO", indicate the amount to be withdrawn to meet the financial hardship. \$ _____
3. Do you wish to continue having a deduction to your 457 plan _____ YES _____ NO

If you have checked "NO", please contact Prudential to request a form to cease the deductions; the change will become effective with the first available pay period, subject to the payroll center's processing schedules. (Approx. 20 business days)

Note: If you elect to discontinue your deferrals at this time, a Change Form must be completed in order to re-enroll in the Plan subject to the restrictions of the Plan Document.

4. Please state in your own words what unforeseeable event has occurred since you enrolled in the Plan which has caused you to have an extreme hardship.

5. Have you attempted to gain the needed funds from any of the applicable sources below:

- | | | | | | |
|----|----------------|-------|-----|-------|----|
| a. | Credit | _____ | YES | _____ | NO |
| b. | Bank | _____ | YES | _____ | NO |
| c. | Savings & Loan | _____ | YES | _____ | NO |
| d. | I.R.A. | _____ | YES | _____ | NO |
| e. | Sale of Assets | _____ | YES | _____ | NO |
| f. | Stop deferral | _____ | YES | _____ | NO |
| g. | Other | _____ | YES | _____ | NO |

If you have responded "NO" to any of the above options, or if you considered any of these sources and were either turned down or unable to sell certain assets, please explain WHY this occurred.

Office use:

Date Received by Pru: _____ Deferral Amount _____ Account Balance _____

Date Sent to Employer: _____ Enrollment Date: _____ Approved _____

**ALAMEDA COUNTY DEFERRED COMPENSATION PLAN
APPLICATION FOR EMERGENCY WITHDRAWAL**

Attached are forms to be used to support your request for an emergency withdrawal from your Deferred Compensation Plan account due to a financial hardship. For prompt consideration of your request, complete all forms and attach the requested documentation. Only completed requests will be reviewed.

Documentation Checklist. Please check any pertinent documentation you have submitted to support your claim of severe financial hardship and return this checklist with your hardship package.

- _____ Most recent paycheck stub (required)
- _____ Most recent paycheck stub of spouse, showing payroll deductions
- _____ Spousal Consent form (required)
- _____ Most recent Disability (SDI) or Workers Compensation check stub
- _____ Copy of last year's income tax returns
- _____ Copy of house payment statement or rental receipts
- _____ Copy of Foreclosure Notice or Eviction Notice
- _____ Copy of medical statement stating medical condition and expected return-to-work date
- _____ Medical bills showing amount required to pay
- _____ Contractor's estimate for repair due to catastrophic damages not covered by insurance
- _____ Statement from appropriate government agency or contractor attesting to cause of damage (earthquake, theft, etc.)
- _____ Copy of IRS tax filing for legal dependents other than spouse and children
- _____ Copy of death certificate
- _____ Copy of itemized funeral bill
- _____ Most recent copy of bank savings account or credit union savings account statement
- _____ Accident report, police report
- _____ Other

RETURN APPLICATION AND DOCUMENTATION TO:

**Linda Hulme, Staff Services Assistant
Alameda County Treasurer's Office
1221 Oak Street, 1st Floor, Rm. 131
Oakland, CA 94612**

QIC 20114

Phone: (510) 272-6809 or Tie Line 26809