OMNI&TSACG Compliance Services
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457 PLAN TRANSACTION REQUEST FORM

UNFORESEEABLE EMERGENCY DISTRIBUTION

- **Please supply the information requested below.**
- **Read all agreements on this form before submitting.**
- **Fields having an asterisk notation are required.**

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

Unforeseeable Emergency Information

An unforeseeable emergency distribution is a distribution of funds from your 457 account due to a severe financial need. Four circumstances are deemed by the IRS to constitute a severe financial need:

- Illness, accident or medical expenses of the participant, the participant's beneficiary, or the participant's, or the beneficiary's spouse or dependent
- Property loss caused by casualty (for example, damage from a natural disaster not covered by homeowner's insurance) of the participant or the beneficiary
- Funeral expenses of the participant, beneficiary or dependent
- Imminent foreclosure of or eviction from the participant's primary place of residence

Other requirements particular to unforeseeable emergency distributions are:

- The amount of the unforeseeable emergency distribution cannot exceed the amount of the immediate and heavy financial need.
- Unforeseeable emergency distributions can only be made from employee contributions and cannot be made from earnings on those contributions.

Your employer has hired U.S. OMNI & TSACG Compliance Services to authorize unforeseeable emergency distributions from its 457(b) plan. Accordingly, OMNI/TSACG only approves unforeseeable emergency distributions meeting one of the four categories and requires you to certify that the unforeseeable emergency distribution is for one of the four circumstance above. In addition, you must certify that the request amount does not exceed the amount required to satisfy the need and you have no alternative means reasonably available to satisfy the need.

Part 1: Employee Information

* Social Security Number: * First Name: MI: * Last Name:

*Address:

* City: *State: *Zip: *Date of Birth:

* Phone: *Email address:

☐ There is a financial advisor/representative associated with the transaction.

Sales Agent/Representative Name:

Phone: Email:

☐ I wish the above named agent to be copied on all email communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction. (*Requires agent's email address to be provided above*)

Part 2: Distributing Account Information

* Please provide the full Organization Name, City and State for the employer from whose Plan you wish to withdraw funds:

* Please provide the following information for the Service Provider who will be distributing (paying out) the funds for this transaction:

*Service Provider Company:

Account Number:

Amount to be Distributed:

Part 3: Hardship Circumstances

☐ Medical care expenses previously incurred by the employee, the employee's spouse, any dependents of the employee, or the employee's primary beneficiary under the 457. plan, necessary for these persons to obtain medical care

☐ Payment necessary to prevent eviction of the employee from the employee's principal residence or foreclosure of the mortgage on that residence

☐ Payment of funeral expenses for the employee's spouse, dependent, or primary beneficiary under the 457(b) plan

☐ Certain expenses relating to the repair of damage to the employee's principal residence

* Date Hardship First Occurred: _____

Part 4: Alternate Option Confirmations

1. Are there distributions available to you under the plan or any other plans maintained by your employer that will alleviate the Hardship?	◯ Yes	◯ No
2. Can you receive reimbursement from insurance or other sources to pay these expenses?	◯ Yes	◯ No
3. Can you secure a commercial loan to pay these expenses?	◯ Yes	◯ No
4. Can you liquidate assets to pay these expenses?	◯ Yes	◯ No

Part 5: Employee Signature (Mandatory)

☐ I certify that this request is for an unforeseen emergency as defined in Part 3 that cannot be reimbursement from insurance or another source, and the amount requested is not more than necessary to satisfy the need.

By signing below, I hereby certify that the information on this form is correct and complete to the best of my knowledge.

Employee Signature: _____ Date: _____

Please return this form to OMNI/TSACG, unless otherwise advised by your employer:

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