

## 457(b) Unforeseeable Emergency Withdrawal

### SchoolsFirst Federal Credit Union / Nationwide

<b>Step 1</b>	Employee Name	Social Security Number	Current Date
	Mailing Address <small>(Street)</small>  <small>(City, State, Zip)</small>	Date of Birth	Home Phone Number
		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Business Phone Number
<b>Step 2</b>	<p><b>Hardship Withdrawal Provisions</b></p> <p>The Plan permits hardship withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan Committee that the reason for the withdrawal complies with the applicable requirements under the Internal Revenue Code and that such hardship is due to an unforeseeable emergency. As a general rule, Plan money cannot be distributed for an event within your control. Thus, tuition expenses, down payment for a house, or ordinary medical expenses are not considered unforeseeable emergencies.</p> <p>We recommend that you consult with your financial advisor regarding this withdrawal. If you have any questions about unforeseeable emergency withdrawals please contact SchoolsFirst Federal Credit Union at 800-462-8328 ext. 4727.</p> <p><b>Amount Available for Withdrawal</b></p> <p>If you have a qualified unforeseeable emergency, you may withdraw the amount necessary to meet the need created by the emergency. Payment will not be made to the extent that the financial hardship may be satisfied through cessation of deferrals, insurance, other reimbursement, or liquidation of other assets to the extent such liquidation would not itself cause severe financial hardship.</p>		
<b>Step 3</b>	<p><b>Nature and Description of Hardship</b></p> <p>In the space provided below, indicate the nature of the unforeseeable emergency for which you are requesting a withdrawal from the Plan. You may attach additional pages if more space is needed. <b>Attach appropriate documentation to provide evidence that you have a financial hardship.</b> As part of the review process, the Plan Committee may require additional proof of your financial hardship.</p> <p><input type="checkbox"/> Severe financial hardship to the participant resulting from a sudden and unexpected illness or accident of the participant or beneficiary, the participant or beneficiary's spouse, or the participant or beneficiary's dependent.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Loss of the participant's or beneficiary's property because of casualty or other extraordinary and unforeseeable circumstances arising as result of events beyond the control of the participant or beneficiary.</p> <p>_____</p> <p>_____</p>		
<b>Step 4</b>	<p><b>Hardship Amount</b></p> <p><input type="checkbox"/> Nationwide                      Amount \$ _____</p> <p><input type="checkbox"/> Other                                      Amount \$ _____</p>		
<b>Step 5</b>	<p><b>Spousal Consent</b></p> <p>Federal laws require that the Plan Committee obtain adequate signature verification when certain benefit payments are made under qualified plans; therefore, if you are legally married and the amount of the distribution is <b>over \$5,000</b>, both you and your spouse must sign this hardship withdrawal application. Your spouse's signature <b>must</b> be witnessed by a Plan representative or a notary public.</p> <p>_____ Spouse Signature</p> <p style="text-align: right;">_____ Date</p> <p>_____ Notary Public or Plan Administrator</p> <p style="text-align: right;">_____ Date</p>		
<b>Step 6</b>	<p><b>Certification of Hardship</b></p> <p>I have read and I understand this application for unforeseeable emergency withdrawal. I certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above. I consent to the immediate distribution of the withdrawal to me in a single sum cash payment. I declare under penalty of perjury under the laws of the state of California that the information I have supplied on this application for the withdrawal is true and complete in all respects.</p> <p>_____ Employee Signature (required)</p> <p style="text-align: right;">_____ Date</p> <p>_____ Signature Guarantee</p> <p style="text-align: right;">_____ Date</p>		
<b>SchoolsFirst Federal Credit Union Office Use Only</b>	_____ SchoolsFirst Federal Credit Union Authorized Signature (required)		_____ Date

(3/08)

**Return this form to:** SchoolsFirst Federal Credit Union - Member Retirement Services  
P.O. Box 11547  
Santa Ana, CA 92711  
800-462-8328 ext. 4727

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