

## Section A



# Unforeseeable Emergency Withdrawal Request

## STATE OF HAWAII ISLAND SAVINGS PLAN

**Instructions**

Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records.

Prudential  
30 Scranton Office Park  
Scranton, PA 18507-1789

**Questions?**

Call 1-888-71-ALOHA  
for assistance.

**About You**

Plan number	Sub plan number	000001 State of Hawaii	000004 County of Maui
<u>3</u> <u>0</u> <u>0</u> <u>4</u> <u>1</u> <u>1</u>	_____	000002 County of Hawaii	000005 County of Hawaii Water District
		000003 County of Kauai	000006 Waiialae Charter School
Social Security number	Daytime telephone number		
____-____-____	____-____-____		
	<i>area code</i>		
First name	MI	Last name	
_____	_____	_____	
Address			
_____			
City	State	ZIP code	
_____	_____	____-____	
Email address			
_____			
Date of birth	Gender		
____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F		
<i>month</i>	<i>day</i>	<i>year</i>	

**Amount of Unforeseeable Emergency Withdrawal**

The disbursement amount will be taken from your account according to the hierarchy determined by the Plan/Program. If the amount requested exceeds your maximum withdrawal amount, you will be paid the maximum amount available.

AMOUNT:\$\_\_\_\_\_ (REQUIRED-MUST BE COMPLETED)

Amount requested cannot exceed amount substantiated in your request.

If you do not check the box below, the "gross up" will not occur. You may include additional funds in the disbursement amount necessary to pay anticipated federal or state income tax. If you would like your gross payment to include taxes and fees reasonably anticipated to result from this withdrawal (this is called a "gross up"), check the following box.

- I would like to increase the amount of my unforeseeable emergency withdrawal request to cover any federal and state income taxes, and any applicable fees that may reasonably be anticipated as a result of this withdrawal.

Note: Your election for Federal and State Income Tax in the following sections will be used as the amount of reasonably anticipated taxes and fees in the "gross up" calculation. A maximum of 35% will be used in the gross up calculation to cover taxes withheld as a result of this disbursement.



**Payment Options**

Please select a payment option below. If no selection is made, a check will be sent via regular mail.

- Regular Mail
- Express Mail (The cost is \$25 per check. Prudential will deduct \$25 from your account prior to the distribution).

Please Note: Express mail is not available for delivery to post office boxes

- Electronic Funds Transfer (EFT). If you would like your disbursement sent to you via EFT, please provide the information below. The credit will typically be applied to your account within 2 business days of being processed.

Account number

\_\_\_\_\_

Financial Institution Routing/Transit/ABA Number

\_\_\_\_\_

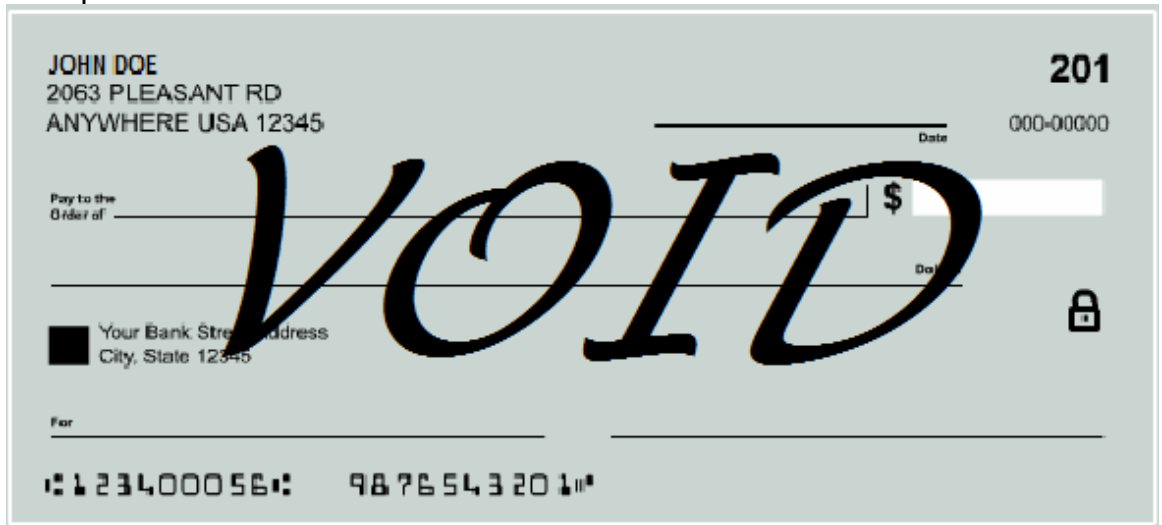
Type of Account (please choose one):

- Checking  
(Must attach a voided check below, or include a letter from your financial institution signed by an authorized representative, with your name, checking account number, and ABA routing number)
- Savings  
(Must include a letter from your financial institution signed by an authorized representative, with your name, savings account number, and ABA routing number)

**IMPORTANT:** Your EFT payment may result in a check payable to you if:

- Your voided check or financial institution letter is not included
- All of the necessary information is not provided
- If this section does not apply to your disbursement request

Please Tape Voided Check Here:



I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions).

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

**Election for Withholding of Federal Income Tax**

Federal tax laws require us to withhold income taxes from the taxable portion of a qualified retirement plan distribution. Some states also require withholding from the taxable portion of your distribution if federal income tax is withheld. If any portion of your distribution is derived from non-457(b) assets such as non-457(b) rollover assets, you may be subject to a 10% early withdrawal penalty on these amounts if you are under age 59 1/2 at the time of distribution. Please consult your Tax Advisor if you have questions relating to your specific tax situation.

- 1.  I elect to have federal income tax withheld at 10% from the taxable amount of my distribution.
- 2.  I elect not to have federal income tax withheld from my distribution.
- 3.  I elect to have federal income tax withheld from the taxable amount of my distribution at either the following percentage or dollar amount. The federal withholding calculated from my election below must be at least 10% of the taxable amount of my distribution amount.

\_\_\_\_\_ % or \$ \_\_\_\_\_ .00

It is our understanding an unforeseeable emergency disbursement is not eligible to be rolled over. Since neither Prudential nor any of its employees, agents or representatives can give legal or tax advice, or financial advice on behalf of the Plan, you are urged to consult your own personal legal, tax and/or financial advisor with any questions on allowances, deductions, or tax credits that may apply to your particular situation before you take any action.

**Election For Withholding of State Income Taxes**

**Voluntary State Withholding**

- I reside in HI and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)

\_\_\_\_\_ % or \$ \_\_\_\_\_

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## SECTION B: UNFORSEEABLE EMERGENCY WITHDRAWAL ELIGIBILITY REQUIREMENTS

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Withdrawals from the State of Hawaii Island Savings Plan due to financial hardship of an unforeseeable nature are allowed on a limited basis, and only if the application and supporting documentation demonstrate that the request meets Plan and Internal Revenue Service Regulations. In order to apply, you must be an active employee, and not eligible for any other type of withdrawal from your account in the Island Savings Plan. The only legally permissible reason for withdrawing funds from your account with the Island Savings Plan is to relieve conditions of current and severe financial hardship that have been created as the direct result of a qualifying Unforeseeable Emergency. Internal Revenue Service Regulations limit the range of qualifying circumstances for Section 457 unforeseeable emergency withdrawals. Please review the following general qualification requirements carefully before proceeding with completion and submission of this Application.

### IF YOU DO NOT MEET THESE REQUIREMENTS, YOUR REQUEST CANNOT BE CONSIDERED.

1. You must demonstrate the existence of financial hardship that is both currently existing and severe in nature. Potential financial hardship that may develop in the future does not qualify, nor does the mere excess of current expenses over current income, in and of itself, meet the requirements.
2. You must demonstrate that you have already utilized all other resources and liquidated any other readily available assets before applying for an Unforeseeable Emergency Withdrawal. Federal Law makes your Plan Account balance an "option of last resort" and requires you to have first utilized all other available financial assets (bank or credit union accounts, investment or like accounts, publicly-traded investment securities, etc.) to meet the immediate need. You must also show that you have previously made a good-faith effort to meet the need through borrowing from commercial sources on reasonable commercial terms.
3. You must demonstrate that the hardship will remain after receipt or application of all reimbursement or payment options available under any other applicable benefit program (such as group or individual insurance coverage, unemployment compensation, Social Security benefits, etc.)
4. Contributions must be stopped in order to demonstrate that you have first attempted to meet the need through stopping current contributions to the Plan and any other optional payroll-deducted savings or charitable contributions. You can cancel your contributions to the Plan through the participant web site at [www.Prudential.com/islandsavings](http://www.Prudential.com/islandsavings) or by calling the Island Savings Plan toll-free at 1-888-71A-LOHA (1-888-712-5642). You should also disclose any non-payroll deducted optional expenditures that have now been eliminated to meet the need.
5. You must demonstrate that any current financial hardship has been the direct result of a qualifying sudden and extraordinary event which would be beyond the ability of a reasonably prudent individual in like circumstances to control, anticipate or budget. IRS rules provide that budgetable expenses that can reasonably be anticipated to occur at some point in your life generally cannot be deemed to constitute a qualifying event. Similarly, an event will not qualify as an unforeseeable emergency if you were in a position to impose significant control over the outcome, but failed to exercise prudent judgment. Examples of some (but not all) non-qualifying and qualifying events follow on the next page:

Events that will NOT qualify as Unforeseeable Emergencies:

- Home purchase/renovation/repair not due to casualty; or apartment/utility deposits
- Vehicle/major appliance repair, maintenance or replacement not due to casualty
- Tuition, room and board, textbooks, or other education costs
- Federal, state or local income or property tax assessments, penalties or interest
- Start-up costs or operating losses on income-producing or for-profit activities
- Rent or other cost-of-living increases
- Costs associated with divorce

Events that MAY qualify as Unforeseeable Emergencies:

- Non-routine, unexpected, unreimbursed medical/dental expenses previously incurred
- Unreimbursed IRS-defined casualty losses from natural catastrophes (fire, flood, storm damage, etc.), from accidents, or from theft
- Significant loss of income due to involuntary job loss or work hours cutback
- Unreimbursed direct funeral expenses of IRS dependents for which you are liable
- Similar extraordinary unforeseeable circumstances beyond control

6. Demonstration of these requirements is accomplished by disclosure of complete financial and narrative information as requested in this Application and by attachment of supplementary documentation supporting such information. If incomplete information or documentation is provided, this Application will not be reviewed. Federal rules permit consideration of an Application only from a financial condition perspective – no exceptions can be made.

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**SECTION C: GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION. *Read Carefully.***

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If, after review of the foregoing eligibility standards and the information required in the Application, you feel that your situation constitutes a qualifying Unforeseeable Emergency and that you can provide supporting documentation, proceed with completion of the Application. In addition to returning the completed application, you must attach all supporting documentation necessary to demonstrate both the Unforeseeable Event and the severe financial hardship resulting from the event, and the unavailability of other resources to meet the need. Documentation should include (but is not limited to):

- Last year's Federal and State tax returns for all residents of the household.
- All pay stubs representing the most recent household income *for a minimum of one month*. In cases of loss of employment, pay stubs should also be included for the *month* prior to the loss of income.
- All documentation of other household income, including part-time employment, business/self-employment income, alimony/child support, Social Security, rental income, unemployment benefits, pension/IRA benefits, insurance benefits, etc.
- Current statements of mortgage/rental payments (or copy of rental/lease agreement), utilities, household services such as cable and phone, insurance billings, child care expenses, loans/leases, credit cards, child support/alimony, and other personal debt.
- Foreclosure/eviction notice (if applicable) not older than 30 days from date of signature on this application and including amount owed and payment due date.
- Current medical insurance statements/provider invoices with an outstanding balance received within the last 30 days for service dates within the last 12 months.
- Credit union and other banking statements.
- Insurance/police reports of casualty loss (if applicable).
- Termination of employment notice indicating last day worked (if applicable).
- Court orders and decrees, as applicable.

Additional information will be necessary based on your situation. You may be contacted once your application has been received and asked to submit such information if you have not already included it. If sufficient documentation is not provided as requested, your withdrawal request may not be able to be reviewed. *NOTE: All financial and personal information disclosed in the Application will be seen only by Plan staff designated to review Applications, will be used solely to determine withdrawal eligibility, and shall remain completely confidential.*

After completing the Application, ATTACH LEGIBLE COPIES OF SUPPORTING DOCUMENTATION.

**SECTION D: UNFORESEEABLE EMERGENCY EVENT & AMOUNT REQUESTED. *Must be completed.***

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1. ENTER DATE the Unforeseeable Emergency occurred that produced a severe financial hardship:

\_\_\_\_\_

2. Such Unforeseeable Emergency Event consisted of (*Check and Complete*):

a.  UNREIMBURSED MEDICAL EXPENSES (non-routine/unexpected)

I have documented the expenses by attaching copies of (*Check all that apply*):

Current Provider Billing Invoices with an outstanding balance (must show patient responsibility)

Other (*Identify*): \_\_\_\_\_

b.  DISASTER / ACCIDENT / THEFT / CASUALTY LOSS

I have documented the casualty loss by attaching copies of (*Check all that apply*):

Police/Fire Report     Insurance Claim Form     Insurance Adjuster's Report     Repair/Replacement Invoice

Other (*Identify*): \_\_\_\_\_

c.  HOUSEHOLD EMPLOYMENT LOSS / REDUCTION

I have documented involuntary employment loss by attaching copies of (*Check all that apply*):

Termination Notice     Employer Personnel Records     Pay Check Stubs     Unemployment Insurance Claim

Other (*Identify*): \_\_\_\_\_

d.  FAMILY MEMBER DEATH / FUNERAL

I have documented family member funeral expenses by attaching copies of (*Check all that apply*):

Death Certificate     Funeral Notice/Memorial Program     Funeral Home Contract     Estate Probate Filing

Other (*Identify*): \_\_\_\_\_

e.  PREVENT EVICTION OR FORECLOSURE

I have documented expenses necessary to prevent eviction or foreclosure by attaching copies of:

eviction notice or court order     foreclosure notice

f.  OTHER QUALIFYING EXTRAORDINARY EVENT

I have documented another unforeseeable sudden event producing hardship by attaching copies of:

(*List all that apply*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION D: CONTINUED FROM PAGE 6. *Must be completed.***

In narrative form, detail the nature of the Unforeseeable Event and the resulting financial hardship. Describe how this situation qualifies under the eligibility requirements of Section B. Describe the events or circumstances that led to the hardship situation. If you have indicated eligibility due to an "Other Qualifying Extraordinary Event" above-describe in detail why you believe it meets the Federal requirements of "extraordinary", "sudden", and "unforeseeable by a prudent individual in like circumstances" here. If the space provided is insufficient, attach additional pages at the end of this Application.

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**SECTION E: COMPOSITION OF HOUSEHOLD. *Must be completed.***

Identify below each of those individuals either (1) who are currently residing with you and to whom you provide or receive support (including rental or mortgage payment contribution), or (2) with or for whom you have current legal and financial responsibility. Specify for each listed person their relationship to you (e.g., child, stepchild, parent, spouse, etc.), their employment status (e.g., Employed/Full-Time, Employed/Part-Time, Retired, Student, etc.), their occupation (if working), their age, and whether the person will be claimed as your dependent on your Tax Return. Attach additional pages if necessary.

<i>Name</i>	<i>Relationship to You</i>	<i>Employment Status</i>	<i>Occupation (if working)</i>	<i>Age</i>	<i>Tax Dependent</i>

**SECTION F: STATEMENT OF MONTHLY HOUSEHOLD INCOME. *Must be completed.***

Itemize all sources of income for you and all members of your household (as identified in Section E) on a monthly basis. Amounts indicated should reflect the net take-home pay. Indicate "NA" in the "Amount of Income" column as appropriate. As outlined in Section C, documentation of all income should be attached to this application.

DESCRIPTION OF INCOME	MONTHLY NET AMOUNT
Your Salary	
Spouse's Salary	
Part-Time Employment Income	
Self-Employment/Business Income	
Social Security	
Pensions/IRAs	
Child Support/Alimony	
Unemployment	
Insurance Benefits (Workers' Comp, Disability, etc.)	
Rental Income	
Loans Received	
Family Assistance	
Credit Union Amount /monthly	
Other (Describe)	
Other (Describe)	
<b>TOTAL MONTHLY NET INCOME</b>	



**SECTION G: STATEMENT OF MONTHLY HOUSEHOLD EXPENSES. *Must be completed.***

Itemize all recurring monthly expenses for you and all members of your household (as identified in Section E). As outlined in Section C, documentation of applicable expenses should be attached to this application. Attach additional pages if necessary.

DESCRIPTION OF EXPENSES	MONTHLY AMOUNT	DESCRIPTION OF EXPENSES	MONTHLY AMOUNT
Rent/Mortgage		Gas or commuting expenses (average)	
Second Mortgage		Auto Insurance Premium (monthly payment)	
Automobile Loan(s)		Water	
Other Loans		Telephone	
Debt Repayments (not payroll-deducted)		Cell Phone	
Credit Cards (monthly payment)		Cable	
Alimony/Child Support		Natural Gas	
Child Care		Electricity	
Tuition		Other Utilities: _____	
Insurance (not payroll-deducted)		Food (average)	
Prescription Drugs		Household items	
Other: _____		Other: _____	
<b>TOTAL MONTHLY RECURRING EXPENSE</b>			

**SECTION H: STATEMENT OF EXPENSES OF A NON-RECURRING NATURE. *Complete if applicable.***

List all other expenses of a one-time or periodic nature that do not qualify as a foreseeable financial hardship, but impair your ability to pay for the financial hardship for which you are applying, such as taxes, single-payment or balloon-note loans, household or vehicle repair estimates or invoices, attorney fees, etc. As outlined in Section C, documentation of all expenses should be attached to this application.

DESCRIPTION OF EXPENSES	AMOUNT

**SECTION I: STATEMENT OF HOUSEHOLD ASSETS ("WHAT YOU OWN"). *Must be completed.***

List all household financial and non-financial assets for you and all members of your household (as identified in Section E). Attach current copies of account statements.

TYPE OF ASSETS	DESCRIPTION OF ASSETS	VALUE (\$)
Checking Accounts (current balance)		
Savings Accounts (current balance)		
Property Other Than Primary Residence (current market value)		
401(k), 403(b), IRA or other tax-sheltered accounts		
Cash Available in Life Insurance Policy:		
Other liquid assets* (describe):		
<b>TOTAL ASSET VALUE</b>		

\*Stocks, bonds, T-bills, CDs, Money Market Certificates, mutual funds, savings bonds, other market securities and saleable commodities

**SECTION J: DEMONSTRATION OF HARDSHIP DEBT FINANCING EFFORTS. *Complete If applicable.***

Please note, if you are currently not receiving any type of income, please skip this section. Prior to applying for an Unforeseeable Emergency Withdrawal, you must first attempt to meet your financial need by using and accessing all other available resources. This Federal requirement means that you should also attempt to meet any need through borrowing from commercial sources on reasonable commercial terms before applying for an Unforeseeable Emergency Withdrawal. Detail below any recent efforts you or members of your household made after the date of the Unforeseeable Emergency Event (as set forth in Section D) to address the unforeseeable Emergency through commercial borrowing (whether or not such efforts were successful.) Identify the Lending Institution(s) applied to, the amount(s) requested, the application and decision dates, and whether an application was approved or denied. If a decision is still pending, enter "pending" in the decision date field. If you or members of your household were denied financing, you must include a loan denial letter from the institution.

<i>Name of Lending Institution</i>	<i>Amount Requested</i>	<i>Application Date</i>	<i>Decision Date</i>	<i>Approved or Denied?</i>

**SECTION K: OTHER RELEVANT DOCUMENTATION. *Complete if applicable.***

Describe in this section and attach with the application any other documents relevant to determining your eligibility for emergency withdrawal not previously itemized in the preceding sections. This type of information will most commonly bear on the question of the non-recurrent nature of the hardship request. Such supplemental documentation may relate to legal or administrative proceedings which have impacted your situation, such as: divorce decrees or property settlements, separation agreements, restraining orders, police reports, adoption or custody proceedings, bankruptcy proceedings, repossession or foreclosure notices, wage garnishments, liens or seizures, child support recovery orders, civil suit pleadings and filings, etc.

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**SECTION L: UNDERSTANDINGS, ACKNOWLEDGEMENTS & CERTIFICATIONS. *Must be completed.***

I acknowledge the right of State of Hawaii Island Savings Plan to request such information and documentation from me as it deems necessary to determine whether there is sufficient evidence to reliably conclude that all statutory and regulatory requirements for a qualifying Unforeseeable Emergency Withdrawal have been met. If I fail to provide sufficient information, I further acknowledge that my Application cannot be reviewed. I understand that any information or documentation provided shall be accessible only by authorized staff, and shall be used solely to determine withdrawal qualification, and shall otherwise be kept confidential. I affirm that I am unable to liquidate any or all remaining assets to pay for the emergency because it would in itself cause a severe financial hardship.

Regardless of my withholding option, I understand I will be liable for all Federal taxes that may result from this withdrawal. Additionally, I acknowledge that I am liable for any State taxes subsequently due as a result of this distribution.

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 have been obtained or sought and any loans which are available will cause further hardship, therefore this hardship disbursement is necessary. I also certify that I have stopped contributions to the plan.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT FOR MEDICAL EXPENSES**

**Definition:** Expenses for (or necessary to obtain) medical care. \*

**IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST**

*Please check the documentation that you have enclosed to be sure it follows the guidelines listed below.*

- If these expenses are for a dependent, ONE of the following **MUST** be provided to show proof of dependency:
  - First page of the latest federal 1040 tax form
  - Copy of a birth/adoption certificate (listing mother and father) – only if the child is 18 years of age or younger
  - Official Marriage License/Certificate

**REQUIRED DOCUMENTATION**

**Qualified Medical Expenses:** *(Check all that apply and enclose with Withdrawal Request Form and documentation.)* **Note:** Funds can only be disbursed for **Unpaid** bills.

- Medical Expenses:** Copy of current (within the last 30 days) unpaid medical bills with an outstanding balance that show:
  - Patient’s name (must be the participant or a dependent)
  - Date of service
  - The insured and uninsured portion of expenses
  - Total amount due after insurance has been applied

**Note:** *If medical costs are not covered by insurance, the medical bill must be noted by the medical provider; and must be signed, titled, and dated by a representative of that medical provider.*

- Long Term Care Services:**  
Copy of current dated (within the last 45 days) itemized bill on the medical provider’s letterhead showing the following:
  - Patient’s name
  - The total amount due after insurance has been applied

- Insurance Premiums for Medical Expenses or Long-Term Care Services:**
  - Copy of insurer’s bill for premiums on letterhead (dated within the last 45 days)
  - The participant or dependent **listed** as the patient or insured.

**Note:** *These premiums cannot be reimbursed by any Employer.*

**I am requesting this amount due to my:** *(please check one, complete as necessary, and then sign/date)*

- Own medical expenses**
- Spouse’s medical expenses**
- Child’s medical expenses**
- Dependents/Primary Beneficiary medical expenses**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\* Expenses for (or necessary to obtain) medical care would be deductible under IRC section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income).

**I certify that the expenses for which I am requesting an unforeseen emergency withdrawal: 1) have not and will not be reimbursed or paid through insurance or otherwise, and 2) were incurred for medically necessary services.**

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## ATTACHMENT FOR PAYMENTS TO PREVENT EVICTION OR FORECLOSURE

**Definition:** Expenses necessary to prevent the eviction of the employee or foreclosure on the mortgage from the employee's principal residence.

### IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST

*Please check the documentation that you have enclosed to be sure it follows the guidelines listed below.*

*Note: Funds can only be disbursed for **Unpaid** bills.*

### REQUIRED DOCUMENTATION

**Payments to Prevent Eviction Documentation:** *(Check box and enclose with the Withdrawal Request form.)*

- Copy of the eviction notice or court order that must provide all of the following:**
- Your name (this must be listed to show financial responsibility)
  - Property address (if address on documentation does not match address on file with Prudential, see information below)\*\*
  - Be dated within 45 days of your request
  - Total amount due to prevent eviction
  - Future due date to prevent eviction
  - Specific months for which the rent/payment is due
  - Landlord's dated signature and TITLE (Examples: landlord, property manager, homeowner, etc)
  - Landlord's contact information (phone number and/or address)

**Payments to Prevent Foreclosure Documentation:** *(Check all that apply and enclose with the Withdrawal Request form.)*

- Copy of the foreclosure notice/reinstatement letter from the financial institution that provides the following:**
- Notice or letter must be on financial institution's letterhead
  - Your name (this must be listed to show financial responsibility)
  - Property address (if address on documentation does not match address on file with Prudential, see information below)\*\*
  - Be dated within 45 days of your request
  - Total amount due to prevent foreclosure (months may be required upon review of documentation)
  - Future due date to prevent foreclosure
- Delinquent property taxes qualify if they are taxes on the participant's primary residence and will result in foreclosure or sale of the property. This notice must provide the following:**
- The county tax office on business letterhead
  - Your name (this must be listed to show financial responsibility)
  - Property address (if address on documentation does not match address on file with Prudential, see information below)\*\*
  - Be dated within 45 days of your request
  - The tax year(s) that are due
  - Total amount due to prevent the foreclosure/sale of property
  - Future due date to prevent foreclosure/sale of property

**\*\*If your address on file with Prudential does not match the address of your primary residence on the eviction or foreclosure notice, please provide ONE of the following as proof of your primary residence:**

- Copy of your valid driver's license showing your primary residence **OR**
- Copy of a current dated (within the last 45 days) bill showing your primary residence **OR**
- A signed, dated, NOTARIZED letter stating that the home in foreclosure or the residence that you are being evicted from is your primary residence.

## ATTACHMENT FOR FUNERAL/BURIAL EXPENSES

Definition: Payments for burial/funeral expenses for the participant's deceased parents, spouse, children, or dependents, or primary beneficiary.

### IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST

*Please check the documentation you have enclosed to ensure it qualifies as an eligible expense and follows the guidelines below.*

**Eligible Expenses:** opening/closing of a grave, burial plot, burial vault or grave liner, marker or monument, crypt, cemetery perpetual care charges, honoraria for clergy, funeral breakfast/luncheon/dinner expenses associated with the funeral/memorial service, flowers, guest registers and acknowledgment cards, music, urn or casket.

**Not Eligible Expenses:** invoices that have been paid, burial expenses to the extent that they are covered by Veterans benefits, travel expenses incurred by family members to attend the funeral, and prearranged/prepaid funerals.

- If these expenses are for a dependent or primary beneficiary, ONE of the following MUST be provided to show proof of dependency:
  - First page of the latest federal 1040 tax return
  - Copy of birth/adoption certificate (listing mother and father)
  - Official Marriage License/Certificate

### REQUIRED DOCUMENTATION

**Qualified Burial/Funeral Expenses** (*Check all that apply and enclose with the Withdrawal Request form and documentation.*) **Note:** Funds can only be disbursed for **Unpaid** bills.

- Provide a copy of the current (dated within 45 days) Funeral Home bill showing the following:
  - On Funeral Home letterhead
  - Name of the deceased
  - The **unpaid** balance due
  - The participant as the responsible party for payment
- Provide a copy of unpaid, itemized invoice(s) from other parties which are current dated (within 45 days). Show the following:
  - Letterhead of provider
  - Name of the deceased
  - Unpaid balance due showing the participant as the responsible party for payment
- Copy of the death certificate

I am requesting this amount due to my: (please check one and complete as necessary)

- Parent's death
- Spouse's death
- Child's death
- Dependent's/Primary Beneficiary's death

Dependent/Primary Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

**ATTACHMENT FOR REPAIR OF DAMAGE TO THE EMPLOYEE'S PRINCIPAL RESIDENCE THAT QUALIFIES FOR A CASUALTY DEDUCTION**

**Definition:** Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income).

**IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST**

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. If the amount requested is more than the amount available in your account for withdrawal, the withdrawal will be limited to the amount available in your account.

**REQUIRED DOCUMENTATION**

- Evidence of casualty (a detailed description of the events that resulted in the casualty). Please submit:**
  - Pictures and/or articles of newspaper clippings as evidence
  - A signed/dated letter of explanation indicating the property address that sustained the loss.

**NOTE:** *The property address which sustained the loss must be your primary residence.*
  
- Unpaid current dated (within 45 days of hardship request) invoices and/or contracts that provide:**
  - Your name and property address (must match the address on file with Prudential)
  - Itemization of the repair(s)
  - Total amount due
  - Signature of both the participant and the contractor

**NOTE:** *We cannot accept an ESTIMATE of these charges.*
  
- Copies of insurance claims from your insurance company as evidence that the damages have not been covered by your homeowner's insurance.**
  
- If your address on file with Prudential does not match the address of your primary residence as listed on the casualty description or invoices, please submit ONE of the following:**
  - A copy of your current driver's license which shows your primary residence address. OR
  - A signed/dated/NOTARIZED letter stating that the home affected by the casualty is your primary residence.

**I am requesting this amount because of damages that were caused to my principal residence due to:**

- Fire**
- Storm**
- Other Casualty-This may require further review by plan, legal, etc.**
- Theft**

**Description of the Casualty or Theft:**

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A casualty loss is defined as a sudden, unusual or unexpected event resulting in an uninsured loss. Causes of such rapid losses include flood, fire, earthquake, wind damage, water damage, theft, accident, vandalism, hurricane, tornado, riot, shipwreck, snow, rain and ice. To be deductible, a casualty loss must occur quickly, usually instantly or over a few days. Slow losses that occur over months or years, such as mold damage, dry rot, moth or termite damage, or normal home maintenance to repair or replace windows, roofs or plumbing generally are not tax-deductible, and therefore do not qualify.

The participant can only qualify for this reason when there is a casualty loss to his principal residence that arose from fire, storm, shipwreck, or some other casualty, or from theft. Only the portion of the expense that is not covered by insurance is eligible for this purpose.

The amount of loss is based upon the lesser of the difference between the market value of the property before and after the casualty occurrence or the loss in the basis of the property.

Because of the difficulties of ascertaining the timing of the casualty loss and the dollar amount of the loss, your claim can only be processed through this procedure using the specified documents, and you are strongly urged to discuss with your own tax, accounting or legal advisors the proper measurement of the amount of the casualty deduction loss and the taxable year for which it qualifies as a casualty loss.