

Employees Retirement System of Texas
Customer Benefits
P.O. Box 13207
Austin, Texas 78711-3207
(512) 867-7711 or (877) 275-4377 Toll-free

Information provided to Employees Retirement System of Texas (ERS) is maintained for administration of your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

Please submit a separate form for each vendor/product. **Supporting Documentation** must be attached.
This form is to be used only for the "Prior" 457 Plan investments.

PLEASE TYPE OR PRINT			
Name: Last, First, MI		Social Security Number	
Mailing Address		City	State Zip
Home Telephone	Office Telephone	DCP Vendor Number	
Name of Vendor		Type of Product	
Account Number (if available)		Approximate Account Balance	

Reason for withdrawal

- Prevent eviction from or foreclosure on my primary residence or my beneficiary's primary residence
- Pay for non-reimbursed medical expenses
- Funeral expenses for immediate family member
- Loss of property due to casualty not reimbursed by insurance, including the need to rebuild my primary residence
- A similar extraordinary and unforeseeable circumstance arising from events beyond my control.
- Explanation
(If more space is needed, attach additional pages):

Calculate your total hardship expense:

Expense created by hardship \$ _____
 Less amount covered by insurance \$ _____
 Less amount covered by savings or sale of assets \$ _____
 Remaining expense = \$ _____

Amount requested

- Total available account withdrawal
- Partial account withdrawal in the amount of \$ _____

Unforeseeable Emergency Withdrawal

In order to qualify for an unforeseeable emergency withdrawal, your situation must meet one of the Internal Revenue Service (IRS) definitions of an unforeseeable emergency as listed on the reverse side. Extraordinary and unforeseeable circumstances do not include a child's education or the purchase of a home.

Your Prior 457 Plan account is not a savings account, but a supplemental retirement account. The income tax laws regulating this Plan require that you have no other available source of funds before requesting an unforeseeable emergency withdrawal. If you have insurance, a regular savings account, or if you have any assets, whereby the sale would help pay the expenses of your emergency, then you must first make use of these resources before drawing on your 457 account. If the sale of an asset would cause you further financial hardship, such sale is not required. **Your request must be only for the amount necessary to cover your unforeseeable emergency.**

You must include with your application documentation supporting your unforeseeable emergency. Incomplete forms will be returned to you and will delay processing of your request. If ERS is unable to Approve your request, you may submit a written request for a review of your unforeseeable emergency request.

If you have any questions please contact the Employees Retirement System at (512) 867-7711 in Austin or toll free (877) 275-4377.

Certification

BY SIGNING THIS APPLICATION, I HEREBY ACKNOWLEDGE THE FOLLOWING: I also represent and warrant that my unforeseeable emergency withdrawal cannot be relieved through 1) reimbursement or compensation by insurance or otherwise; 2) a loan or a financial hardship withdrawal from a 401(k) Plan (if applicable); 3) a loan in the Texa\$aver 457 Plan (if applicable); 4) by liquidation of my assets, to the extent such liquidation would not itself cause severe financial hardship; or 5) by cessation of deferrals under the Plan. I have attached documentation supporting this request for a financial hardship (i.e., police report, explanation of health benefits, etc.). All the facts I have presented above are true.

• You may wish to consider applying for a De Minimis withdrawal from the Plan. This is available if your total account balance with Texa\$aver and Prior 457 Plan is less than \$5,000, and you have not deferred any contributions for the previous two years or more. A De Minimis withdrawal is a one-time distribution of your entire account balance.

Participant's Signature

Date

FOR ERS USE ONLY: (check one) Approved Amount \$ _____ Denied

Authorized Signature: _____ Date: _____

Notice of Withholdings

The distribution you receive from this Plan is a taxable distribution and subject to federal income tax withholding, unless you elect not to have federal income tax withheld. Please note that you may be subject to tax penalties if your withholding/estimated tax payment for this distribution is not sufficient.

Funds distributed as an unforeseeable emergency are not eligible for rollover to another qualified plan or IRA.

The funds are taxed at a rate of 10% unless you elect not to have withholding apply. If an election is NOT made, taxes will be withheld at the rate of 10%.

Choose One:

I elect to withhold federal taxes from my hardship distribution at the rate of _____ percent.

Please see "Voluntary Withholding" in the Special Tax Notice attached. *If you do not indicate a percentage, 10 percent will be withheld.*

I elect to NOT withhold federal taxes from my hardship distribution. I will be liable for all federal taxes that may result from the withdrawal.