

Texas\$aver 457 Plan

98960-02

When would I use this form?

When I am requesting a withdrawal due to an Unforeseeable Emergency.

I should not use this form:

- If I have separated from employment with the employer/company sponsoring this Plan, instead, I should use the Separation from Employment Withdrawal Request.
- If I am eligible to request a loan from my Plan, I should use the Account Reduction Loan Application.
- If I am eligible to request an in-service withdrawal from my Plan, I should use the In-Service Withdrawal Request.
- If this account was transferred to me due to death, instead, I should use the Death Benefit Claim Request.
- If this account was transferred to me due to divorce, instead, I should use the Alternate Payee QDRO Distribution Request.

Additional Information

- By logging into my account on the website at www.texasaver.com, I may confirm the address that is on file and track the status of this withdrawal request.
- For questions regarding this form, refer to the attached Participant Unforeseeable Emergency Withdrawal Guide ("Guide"), visit the website at www.texasaver.com or contact Service Provider at 1-800-634-5091.
- Return Instructions for this form are in Section G.
- Use black or blue ink when completing this form.

A What is my personal information?

(Continue to the next section after completing.)

Account extension, if applicable, identifies a participant with multiple accounts.

Account Extension

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth (mm/dd/yyyy)

Email Address

Daytime Phone Number

Select One (Required):

☐ U.S. Citizen ☐ U.S. Resident Alien

()

☐ Non-Resident Alien or Other

Country of Residence (Required - See Guide for IRS Form W-8BEN information.)

Alternate Phone Number

☐ (Optional) I authorize Service Provider to leave detailed account information on my voice mail at my: (Select One)

☐ Daytime Phone Number

☐ Alternate Phone Number

Confirm number selected is entered above.

B What is my reason for this Unforeseeable Emergency withdrawal?

(Continue to the next section after completing.)

To support my request, I must complete the enclosed Application for Unforeseeable Emergency Withdrawal Request and attach documentation.

☐ Illness or accident (including a spouse or dependent)

Required Documentation: A doctor's statement indicating required time-off of work as well as copies of payroll statements showing the pay rate before and after the illness or accident. Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review.

☐ Loss of property due to casualty (including 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)

Required Documentation: Copies of invoices and/or receipts showing the cost of repair after taking into account any reimbursement from the insurance company. For the insurance information, include a statement from the insurance company showing the date of loss, cause and amount covered by insurance. Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review.

☐ I do not have any applicable insurance.

Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond my control such as:

☐ Imminent foreclosure of, or eviction from a primary residence. By checking this box, I certify that there is no legal proceedings that can prevent foreclosure or eviction.

Required Documentation: Letter from the mortgage company or landlord, a copy of an eviction or mortgage foreclosure notice, or other documentation showing the amount of rent or mortgage payment required to prevent eviction or foreclosure. The documentation must show that by paying the requested amount, I will be allowed to stay in the property. My name and address must be on the documentation I am submitting.

B	What is my reason for this Unforeseeable Emergency withdrawal? <i>(Continue to the next section after completing.)</i>
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Medical expenses, including nonrefundable deductibles, as well as the cost of prescription drug medication Required Documentation: Explanation of Benefits from the insurance company or copies of bills or pre-determination of cost showing the amount payable to doctors, hospitals, etc., after taking into account any reimbursement from my insurance company. Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I do not have any applicable insurance. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Funeral expenses of a spouse or dependent (as defined in Internal Revenue Code ("IRC") §152(a) without regard to §152(b)(1), (b)(2) and (d)(1)(B)) of a participant or beneficiary. Required Documentation: Copies of invoices and/or receipts indicating the cost of such burial or funeral expenses after taking into account any insurance reimbursement. Include a statement from the insurance company. Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I am not entitled to any applicable insurance proceeds that would cover the expenses above. </div> <p>Unforeseeable Emergency Withdrawal for my Beneficiary</p> <div> <input type="checkbox"/> I am requesting a withdrawal due to an unforeseeable emergency experienced by my beneficiary. If my Plan allows it, I must check this box along with checking one of the reasons above and provide financial information, statements and supporting documentation for my beneficiary in addition to my own financial information, statements and supporting documentation. </div>	
C	What amount am I requesting for my Unforeseeable Emergency withdrawal? <i>(Continue to the next section after completing.)</i>
<div style="margin-bottom: 10px;"> Amount \$ _____ <input type="checkbox"/> Net Amount </div> <p>If I check the Net Amount box, the amount written on the line, is the amount I will receive after applicable income taxes and fees (not including any delivery charges) are withheld.</p> <ul style="list-style-type: none"> For example: If the amount I am requesting is \$10,000.00, and my total tax/fee withholding is \$1,500.00, the total amount taken from my account will be \$11,500.00, resulting in a payment of \$10,000.00 to me. <p>If I do not check the Net Amount box, the amount I will receive will be less than the amount requested after applicable income taxes and fees (not including any delivery charges) are withheld.</p> <ul style="list-style-type: none"> For example: If the amount I am requesting is \$10,000.00, and my total tax/fee withholding is \$1,500.00, the total amount taken from my account will be \$10,000.00, resulting in a payment of \$8,500.00 to me. I must specify the amount that will satisfy my unforeseeable emergency. The amount approved cannot exceed the amount demonstrated in the supporting documentation, plus taxes. If my request is approved, and unless the Plan has directed otherwise, the unforeseeable emergency withdrawal will be prorated across all available money sources and investment options, which will not include Self-Directed Brokerage Account assets. (See Guide for details.) My withdrawal may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service Provider for a withdrawal quote at 1-800-634-5091. 	
D	How do I want my Unforeseeable Emergency withdrawal delivered? <i>(Continue to the next section after completing.)</i> <i>Select One - Once complete request is received in good order with applicable documentation, delivery of payment is based on completion of the withdrawal process and the timing of approval.</i>
<ul style="list-style-type: none"> If no option is selected, all transactions will be sent by United States Postal Service ("USPS") regular mail. If I would like to make a change to what I previously selected, I must cross-out and initial the change(s). If I do not initial all changes, all transactions will be sent by USPS regular mail. <div style="margin-bottom: 10px;"> <input type="checkbox"/> Check by USPS Regular Mail <ul style="list-style-type: none"> Estimated delivery time is 7-10 business days No additional charge </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Check by Express Delivery <ul style="list-style-type: none"> Estimated delivery time is 1-2 business days A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees. Available for delivery, Monday - Friday, with no signature required upon delivery If address is a P.O. Box, check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Direct Deposit via Automated Clearing House ("ACH") <ul style="list-style-type: none"> I understand that to establish Direct Deposit via ACH, in addition to including the required documentation requested below, I must have my signature notarized in the 'My Signature Notarization' section of this form. If either the required documentation is not attached or my signature is not notarized, ACH will not be established on my account and a check will be mailed to the address of record. Estimated delivery time is 2-3 business days A non-refundable charge of up to \$15.00 will be deducted, in addition to any withdrawal fees. The name on my checking/savings account MUST match the name on file with Service Provider. If the Direct Deposit information is incomplete or illegible, then a check will be mailed to the address of record to avoid any delays in processing. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Checking Account - MUST include a copy of a preprinted voided check for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes my name, checking account number and ABA routing number. </div> <div> <input type="checkbox"/> Savings Account - MUST include a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes my name, savings account number and ABA routing number. </div>	

Last Name

First Name

M.I.

Social Security Number

Number

D	How do I want my Unforeseeable Emergency withdrawal delivered? (Continue to the next section after completing.) <i>Select One - Once complete request is received in good order with applicable documentation, delivery of payment is based on completion of the withdrawal process and the timing of approval.</i>	
	<p>An ACH request cannot be sent to a prepaid debit card, business account or other retirement Plan. By requesting my withdrawal via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of my ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Provider reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.</p> <p><input type="checkbox"/> Wire Transfer</p> <ul style="list-style-type: none"> I understand that to have my proceeds sent as a Wire transfer, in addition to including the required documentation requested below, I must have my signature notarized in the 'My Signature Notarization' section of this form. If either the required documentation is not attached or my signature is not notarized, my proceeds will not be sent by Wire transfer and a check will be mailed to the address of record. Estimated delivery time is 1-2 business days A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees. MUST Include a letter on financial institution letterhead, signed by a representative from the receiving institution, which provides the wire transfer instructions. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number. Additional fees may apply at the receiving financial institution. Service Provider is not responsible for inaccurate wire transfer instructions. 	
E	How will my income taxes be withheld? (Continue to the next section after completing.)	
	<p>Federal Income Tax</p> <ul style="list-style-type: none"> 10% of the total taxable amount of my withdrawal will be withheld for Federal Income Tax, unless I check the box below: <p><input type="checkbox"/> Do not withhold 10% Federal Income Tax from my Unforeseeable Emergency withdrawal.</p> <p>I would like additional Federal Income Tax withholding (Optional):</p> <p style="text-align: center;">_____ % or \$ _____</p> <p><i>(This is in addition to any mandatory Federal Income Tax withheld.)</i></p>	<p>State Income Tax</p> <p>I should refer to information from the Department of Revenue for my state of residence. If applicable, I must attach my State Income Tax withholding form to make tax elections when required. In the event the withholding form is required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable State regulations.</p> <ul style="list-style-type: none"> State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below. I would like additional State Income Tax withholding: <p style="text-align: center;">_____ % or \$ _____</p> <p><i>(This is in addition to any mandatory State Income Tax withheld.)</i></p> <ul style="list-style-type: none"> Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I elect otherwise below. <p>If the checkbox is not marked below, I choose to have State Income Tax withheld from my withdrawal. I would also like to have additional State Income Tax withholding:</p> <p style="text-align: center;">_____ % or \$ _____</p> <p><i>(This is in addition to any elective State Income Tax withheld.)</i></p> <p><input type="checkbox"/> Do not withhold State Income Tax (if election is permitted and I have attached the proper election form if required by my state).</p> <ul style="list-style-type: none"> Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding. <p><input type="checkbox"/> I would like State Income Tax withheld - Optional State Income Tax withholding:</p> <p style="text-align: center;">_____ % or \$ _____</p> <p><i>(If this optional income tax election is permitted. I also have attached the proper income tax election form if required by my state to elect this optional withholding.)</i></p>
F	Signatures and Consent (After receiving ALL required signatures, continue to the next section.) <i>(Signatures must be on the lines provided.)</i>	
	<p>My Consent <i>(Please sign on the 'My Signature' line below.)</i></p> <p>I acknowledge that I have received, read, understand and agree to all pages of this Unforeseeable Emergency Withdrawal Request form and affirm that all information that I have provided is true and correct. I understand the following:</p> <ul style="list-style-type: none"> Any election on this Unforeseeable Emergency Withdrawal form is made voluntarily and is effective for 180 days. I am requesting a withdrawal due to an unforeseeable emergency within the meaning of Section 457 of the Code and my Section 457(b) Plan. The Plan has authority to approve or reject my request. Supporting documentation must be provided to substantiate my unforeseeable emergency withdrawal request. 	

NO_GRP 436/ GU22 / GP22
DOC ID: 480546593
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G	Where should I send this form? After all signatures have been obtained, this form can be sent by <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Fax to: Empower Retirement 1-866-345-3050 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 33%; vertical-align: top;"> Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 14%; vertical-align: top;"> Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111 </td> </tr> </table>	Fax to: Empower Retirement 1-866-345-3050	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR	Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111
Fax to: Empower Retirement 1-866-345-3050	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR	Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111		

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

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UNFORESEEABLE EMERGENCY WITHDRAWAL APPLICATION and GUIDELINES

These guidelines provide general information with respect to the requirements imposed by the Internal Revenue Service on a Participant's ability to receive a distribution based upon an unforeseeable emergency. To the extent that the provisions of these instructions differ in any respect from the terms of the Plan or current or future federal laws and regulations governing unforeseeable emergency withdrawals, the terms of the plan document and applicable federal laws and regulations will control.

My Section 457(b) Plan permits unforeseeable emergency withdrawals only to the extent I demonstrate to the satisfaction of the Plan that the reason for such withdrawal complies with applicable requirements under the Internal Revenue Code and the Plan. I can only request an unforeseeable emergency withdrawal if my situation warrants such request and I have sufficient documentation to support it.

An unforeseeable emergency is defined in the Treasury Regulations as a severe financial hardship of the participant or beneficiary resulting from one of the following:

1. An illness or accident of the participant or beneficiary, participant's or beneficiary's spouse, or participant's or beneficiary's dependent (as defined in the Internal Revenue Code under section 152 without regard to sections 152(b)(1), (b)(2) and (d)(1)(B));
2. Loss of participant's or beneficiary's property due to casualty (including 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); or
3. Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or the beneficiary, such as:
 - a. The imminent foreclosure of or eviction from the participant's or beneficiary's primary residence;
 - b. The need to pay for medical expenses, including nonrefundable deductibles, as well as the cost of prescription drug medication; or
 - c. The need to pay for burial or funeral expenses for a spouse or a dependent (as defined in the Internal Revenue Code under Section 152 without regard to sections 152(b)(1), (b)(2) and (d)(1)(B)) of a participant or beneficiary.

However, my Section 457(b) Plan may define an unforeseeable emergency differently. It is my responsibility to check with Service Provider prior to requesting a withdrawal due to an unforeseeable emergency of my beneficiary.

Withdrawals will not be allowed in cases where a participant had significant control and failed to exercise prudent judgment as to the cause of the emergency. Typically, the following are examples of situations considered non-eligible for an unforeseeable emergency withdrawal: payment of college tuition, purchase of real estate, payment of an elective medical or dental procedure, a payment of ordinary living expenses such as mortgage, auto payment and utilities, payment of loans, payment of taxes, interest or penalties, personal bankruptcy, unless it results directly and solely from an illness, casualty loss or other similar extraordinary and unforeseeable circumstance; or marital separation or divorce.

The amount that may be distributed from the Plan is limited to the amount reasonably necessary to meet the unforeseeable emergency need after all other financial means available to me are taken into consideration. An unforeseeable emergency withdrawal will not be paid to the extent that the financial hardship is or may be relieved through reimbursement or compensation from insurance or otherwise, by cessation of deferrals under the Plan, by liquidation of other assets (including the assets of my spouse and minor children that are reasonably available to me) to the extent that this liquidation would not itself cause a severe financial hardship, or by any other means available to me. In addition, prior to requesting this unforeseeable emergency withdrawal I may be required to receive all available distributions (other than unforeseeable emergency distributions), and all available non taxable loans, from this and all other plans maintained by my employer (including a related employer), and may be required to suspend any elective deferrals to this Plan and other plans maintained by my employer.

If I have made a good faith effort to satisfy my need for emergency funds through all available resources, if my situation complies with each of the above requirements, and if I have exhausted all other resources, I may apply for an unforeseeable emergency withdrawal by completing the attached forms. The forms are designed to provide information regarding the nature of my "unforeseeable emergency", and to determine if I have other appropriate financial resources available to alleviate the severe financial hardship. Without such evidence, my request cannot be considered. I must fill out all forms completely.

In the event that my request for an unforeseeable emergency withdrawal is approved, I may be subject to a deferral (*contribution*) suspension period after my unforeseeable emergency withdrawal is paid to me.

If my request is granted, the unforeseeable emergency distribution is subject to ordinary income tax and taxes will be withheld from the amount distributed. If I elect not to have federal income tax withheld or if I do not have enough federal or state income tax withheld from my distribution, I may be responsible for payment of estimated tax. I may incur penalties under the estimated tax rules if my income tax withholding and estimated tax payments are not sufficient.

Any Participant or his or her duly appointed representative who intentionally submits misleading or fabricated information on the application for an unforeseeable emergency withdrawal will be held liable and may lead to appropriate legal action.

Unforeseeable Emergency Withdrawal Application

The applicant must provide the following detailed information. **INCOMPLETE FORMS WILL BE REJECTED.**

My Name: _____ SSN: _____

1. I am experiencing an unexpected severe financial emergency and need to request a withdrawal from my Section 457(b) Plan.

I AM REQUESTING \$ _____, which is not more than I reasonably need to satisfy my severe financial emergency.

I must provide an explanation of the NATURE AND CAUSES of the unforeseeable emergency. I must be as specific as I can, including relevant dates. I may attach additional sheets if necessary.

2. I must list the expenses that caused my unforeseeable emergency that are not reimbursable through insurance or otherwise. I must attach a copy of each outstanding bill to document this amount:		
Qualifying Expense(s) - Bill(s) owed to:	Date/Date of Service:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____

If my request for an unforeseeable emergency withdrawal is on behalf of my beneficiary, in addition to my information, I am required to provide my beneficiary's Financial Statements, Checklist and supporting documentation.

3. I cannot satisfy this emergency with insurance proceeds because: *(check one)*
- ☐ I do not have insurance. *(Check all that apply)*
 - ☐ Medical/Dental insurance
 - ☐ Homeowner's insurance
 - ☐ Life insurance
 - ☐ Other
 - ☐ Insurance is not available to cover my situation or the entire portion of the expense.
 - ☐ Insurance refuses to pay or coverage is not available. *(I must supply supporting documentation, such as a letter from the insurer.)*

4. I must list the names and address of all financial institutions I contacted regarding a loan to meet my financial needs.

Name and Address of Financial Institution(s)	Approved/Denied
_____	_____
_____	_____
_____	_____
_____	_____

Financial Statements

I must provide the following detailed information. **INCOMPLETE FORMS WILL BE REJECTED.**

If my request for an unforeseeable emergency withdrawal is on behalf of my beneficiary, in addition to my information, I am required to provide my beneficiary's Financial Statements, Checklist and supporting documentation.

A. Assets

1. Cash on hand	\$ _____	<input type="checkbox"/> N/A
2. Checking account(s)	\$ _____	<input type="checkbox"/> N/A
3. Savings account(s)	\$ _____	<input type="checkbox"/> N/A
4. Stocks/Bonds	\$ _____	<input type="checkbox"/> N/A
5. Mutual Funds and other marketable securities	\$ _____	<input type="checkbox"/> N/A
6. Cash value of life insurance	\$ _____	<input type="checkbox"/> N/A
7. Monies owed to you (<i>private/personal loan</i>)	\$ _____	<input type="checkbox"/> N/A
8. IRA(s)	\$ _____	<input type="checkbox"/> N/A
9. Other: _____	\$ _____	<input type="checkbox"/> N/A
10. Other: _____	\$ _____	<input type="checkbox"/> N/A
TOTAL Liquid Assets*	\$ _____	
1. Value of Residence	\$ _____	<input type="checkbox"/> N/A
2. Other Real Estate owned	\$ _____	<input type="checkbox"/> N/A
3. Automobiles	\$ _____	<input type="checkbox"/> N/A
4. Value of Personal Property	\$ _____	<input type="checkbox"/> N/A
5. Ownership in business	\$ _____	<input type="checkbox"/> N/A
6. Other: _____	\$ _____	<input type="checkbox"/> N/A
7. Other: _____	\$ _____	<input type="checkbox"/> N/A
TOTAL Fixed Assets	\$ _____	
TOTAL Liquid and Fixed Assets	\$ _____	

*If I have not liquidated my assets, I should do so before an unforeseeable emergency is requested, unless the liquidation of my assets would itself cause severe financial hardship.

B. Income - I must list all sources of income and attach a copy of my most recent tax return.

	Monthly Income	
1. My gross income from work	\$ _____	<input type="checkbox"/> N/A
2. My spouse's gross income from work	\$ _____	<input type="checkbox"/> N/A
3. Rental income	\$ _____	<input type="checkbox"/> N/A
4. Dividends, interest, etc.	\$ _____	<input type="checkbox"/> N/A
5. Business income	\$ _____	<input type="checkbox"/> N/A
6. All other income (<i>such as alimony, child support, etc.</i>)	\$ _____	<input type="checkbox"/> N/A
Source: _____	\$ _____	<input type="checkbox"/> N/A
Source: _____	\$ _____	<input type="checkbox"/> N/A
TOTAL Monthly Income	\$ _____	

Last Name	First Name	M.I.	Social Security Number	98960-02 Number
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C. Expenses/Liabilities - I must list all debts.

a) Long Term Debts: *(Such as mortgage(s), car payments, personal loans, etc.)*

Creditor	Purpose	Unpaid Balance	Monthly Payment
<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	\$ <hr/>
TOTAL			\$ <hr/>

b) Charge Cards and Accounts:

Bank/Creditor	Credit Limit	Present Balance	Monthly Payment
<hr/>	\$ <hr/>	\$ <hr/>	\$ <hr/>
<hr/>	\$ <hr/>	\$ <hr/>	\$ <hr/>
<hr/>	\$ <hr/>	\$ <hr/>	\$ <hr/>
<hr/>	\$ <hr/>	\$ <hr/>	\$ <hr/>
<hr/>	\$ <hr/>	\$ <hr/>	\$ <hr/>
<hr/>	\$ <hr/>	\$ <hr/>	\$ <hr/>
<hr/>	\$ <hr/>	\$ <hr/>	\$ <hr/>
TOTAL			\$ <hr/>

c) Monthly Expenses:

		Monthly Payment
1.	Rent <i>(List Mortgage Amount(s) in Long Term Debt(s) above)</i>	\$ _____
2.	Utilities and Telephone	\$ _____
3.	Alimony/Child Support	\$ _____
4.	Medical/Life Insurance	\$ _____
5.	Vehicle <i>(gas, maintenance, insurance)</i>	\$ _____
6.	Food, clothing, household supplies	\$ _____
7.	Other expenses	\$ _____
	Source: _____	\$ _____
	Source: _____	\$ _____
TOTAL Monthly Expenses		\$ _____

TOTAL Monthly Income *(from previous page)* \$

Subtract (-) **TOTAL Monthly Expenses** *(from a, b & c above)* \$

Equals (=) **Net Monthly Income/Loss** \$

Participant Acknowledgement and Signature

I hereby certify, under penalty of perjury, that the information provided in this application is accurate and complete and has been furnished solely for confidential use in evaluating my unforeseeable emergency withdrawal application.

I understand that failure to complete all sections and provide required documentation might result in delay or denial of this request.

Signature of Applicant	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> / / </div> Date (Required) <i>(mm/dd/yyyy)</i>
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A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant Unforeseeable Emergency Withdrawal Guide - Governmental 457(b)

The Unforeseeable Emergency Withdrawal Request

Before completing the form, please note the following information:

- All pages of the Unforeseeable Emergency Withdrawal Request form ("Withdrawal Form") and Unforeseeable Emergency Withdrawal Application must be returned.
- Neither this Guide nor this Withdrawal Form are intended to provide tax or legal advice. In the preparation of this Withdrawal Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- **I must attach all supporting documentation to my request.**
- **I must complete a separate Withdrawal Form for each account or plan number.**
- **If I am eligible to request a loan from my Plan, I should use the Account Reduction Loan Application.**
- **If I am eligible to request an in-service withdrawal from my Plan, I should use the In-Service Withdrawal Request.**
- **If I am a Beneficiary, I need to complete and submit a Death Benefit Claim Request form rather than this Withdrawal Form.**
- **If I am an Alternate Payee, I need to complete and submit an Alternate Payee QDRO Distribution Request rather than this Withdrawal Form.**

Changes to My Request

- Any changes to this Withdrawal Form must be crossed-out and initialed. If I do not initial all changes, this Withdrawal Form may be returned to me for verification.

Incomplete or Inaccurate Information

- In the event that any section of this Withdrawal Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Withdrawal Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

Section A: What is my personal information?

- All information in this section must be completed.
- Personal information will be kept confidential.
- If I am a Non-Resident Alien, refer to the "How will my taxes be withheld?" section of this Guide to obtain more information about attaching an IRS Form W-8BEN.

Section B: What is my reason for this Unforeseeable Emergency withdrawal?

- My Section 457(b) Plan permits unforeseeable emergency withdrawals only to the extent that I demonstrate, to the satisfaction of the Plan, that the reason for such withdrawal complies with applicable requirements under the Internal Revenue Code and the Plan.
- I can only request an unforeseeable emergency withdrawal if I find that my situation warrants such request and I have sufficient documentation to support it.

Section C: What amount am I requesting for my Unforeseeable Emergency withdrawal?

Available contribution source(s) for my Unforeseeable Emergency withdrawal:

- DCR1 457 ROLLOVER
- RPR2 IN PLAN ROTH 457 ROLLOVER (DCR1)
- RRK1 ROTH 401K ROLLOVER
- PTR1 PRE-TAX OTHER ROLLOVER
- RPR1 IN PLAN ROTH EMPLOYEE BEFORE TAX-VOLUNTARY (BEF1)
- RRB1 ROTH 403B ROLLOVER
- BEF1 EMPLOYEE BEFORE TAX-VOLUNTARY
- RRG1 ROTH ROLLOVER GOVERNMENT 457
- RTH1 ROTH CONTRIBUTION
- RPR4 IN PLAN ROTH PRE-TAX OTHER ROLLOVER (PTR1)
- The amount distributed from the Plan is limited to that which is reasonable and necessary to meet the unforeseeable emergency need after all other financial means available to me are taken into consideration.
- Unless the Net Amount box has been selected, the amount I request will be a gross amount; that is, Income tax will be withheld from my requested amount.
- If I do not elect Federal Income Tax withholding or if the Federal or State Income Tax withheld from my withdrawal is insufficient, I may be responsible for payment of estimated tax. I may incur penalties under the estimated tax rules if my income tax withholding and estimated tax payments are not sufficient.

Unforeseeable Emergency Approval and Effective Date

- Before processing my unforeseeable emergency withdrawal request, Service Provider must first receive all required documentation.
- This request cannot be approved without proof of an unforeseeable emergency.
- If any documentation is missing, my request will be rejected and will not be processed until I have submitted the required documentation with a copy of this Withdrawal form.
- The effective date of my unforeseeable emergency withdrawal request will not be until after the unforeseeable emergency approval.

Section D: How do I want my withdrawal delivered?

- Once complete request is received in good order with applicable documentation, delivery of payment is based on completion of the withdrawal process and the timing of approval.
- I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- Below is a description of each delivery option.

Check by USPS Regular Mail

- Estimated delivery time is 7-10 business days
- No additional charge
- The check will be sent to the address on file unless an alternate address is indicated in the 'Signatures and Consent' section of the form and is properly notarized.

Check by Express Delivery

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees.
- Available for delivery, Monday-Friday, with no signature required upon delivery
- The check will be sent to the address on file unless an alternate address is indicated in the 'Signatures and Consent' section of the form and is properly notarized.
- If the address is a P.O. Box, the check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas

Direct Deposit via Automated Clearing House ("ACH")

- I would elect this option if I want my payment to be electronically deposited into my personal checking or savings account.
- Estimated delivery time is 2-3 business days
- A non-refundable charge of up to \$15.00 will be deducted, in addition to any withdrawal fees.
- **The name on my checking/savings account MUST match the name on file with Service Provider.**
- For deposit into my **checking account**, I **MUST** attach a copy of a preprinted voided check for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, checking account number and the ABA routing number.
- For deposit into my **savings account**, I **MUST** attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, savings account number and the ABA routing number.
- **An ACH request can not be sent to a prepaid debit card, an IRA, or a business account.**
- Any missing, incomplete, or inaccurate information will delay my withdrawal request.
- ACH credit can only be made into a United States financial institution.
- Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

General ACH Information

- I authorize Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error.
- In addition, I authorize my financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account.
- Service Provider will make payment in accordance with the direction I have specified on this Withdrawal Form.
- If my financial institution rejects the ACH credit, Service Provider will make every attempt to fix the error and process the request. However, if Service Provider is still unable to send the ACH credit, a check will be mailed to the address that is on file with Service Provider.
- By selecting the ACH method of delivery, I acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Withdrawal Form.
- I am authorizing and directing my financial institution not to hold any overpayments made by Service Provider on my behalf, or on behalf of my estate or any current or future joint account holder, if applicable.
- ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution.
- Any requests received containing foreign financial institution instructions will be rejected and require new ACH or check delivery instructions.
- It is my obligation to notify Service Provider of any address or other changes affecting my electronic fund transfers during my lifetime.
- I am solely responsible for any consequences and/or liabilities that may arise out of my failure to provide such notification.

Wire Transfer

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees.
- Additional fees may apply at the receiving financial institution.
- **I MUST verify the wire transfer information provided with the financial institution receiving these funds. Service Provider is not responsible for inaccurate wire transfer instructions.**
- **I also MUST attach a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.**

Section E: How will my income taxes be withheld?

- If I do not have sufficient Federal or State Income Tax withheld from the taxable amount of my withdrawal, I will be responsible for payment of estimated tax and/or may incur penalties under estimated tax rules.
- If applicable, I have attached IRS Form W-4P and/or my State's Income Tax withholding form with my elections, if required. If these forms are required for my withdrawal, and are not submitted, Service Provider will withhold in accordance with applicable Federal and State regulations.
- If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

Federal Income Tax Withholding

- Federal Income Tax will be withheld from the taxable amount of my withdrawal at the rate of ten percent (10%) unless I elect to not withhold Federal Income Tax by marking the box in the "How will my taxes be withheld?" section of the form.
- I may elect to withhold an amount greater than 10% and may do so by indicating the additional amount on the line provided.

Income Tax Withholding Applicable to Payments Delivered Outside the U.S.

- If I am a U.S. citizen or U.S. resident alien and my payment is to be delivered outside the U.S. or its possessions, I may not elect out of Federal Income Tax withholding from the taxable amount of my withdrawal.

Income Tax Withholding for a Non-U.S. Person

- If I am a non-resident alien, I must attach, to each hardship request, a current version of the IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form.
- The withholding rate applicable to the taxable amount of my payment is 30% unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields and provide a U.S. Taxpayer Identification Number on Form W-8BEN. I may call 1-800-TAX-FORM (829-3676) or visit <http://www.irs.gov> to obtain a current version of the IRS Form W-8BEN. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

State Income Tax Withholding

- If applicable, I will attach my State's Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable state regulations.

- If I live in the state that mandates State Income Tax withholding, State Income Tax will be withheld. If I wish to have additional State Income Tax withheld, I may elect so by entering a percentage or dollar amount on the line provided.
- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I properly elect otherwise on the form.
- Certain states do not require mandatory withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal I have selected. If I elect this, State Income Tax will be withheld based on a default rate/rules provided by the state of my residence. I may elect to have an additional State Income Tax withheld by entering a percentage or a dollar amount on the line provided.
- **For more information and applicable forms or documentation that may be required for my state**, refer to the appropriate state tax authority.

Section F: Signatures and Consent

- **Handwritten signatures are required on this form. Electronic signatures will not be accepted and will result in a significant delay.**

My Consent

- My signature and the date are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Withdrawal Form Request and the Participant Unforeseeable Emergency Withdrawal Guide.

My Signature Notarization

Direct Deposit via ACH or Wire Transfer

- If I have requested for my withdrawal to be delivered Direct Deposit via ACH or as a Wire Transfer, I must have my signature notarized. If my signature is not notarized or if the required documentation is missing, a check will be sent to address of record.

Alternate Mailing Address

- I would check this box if I would like Service Provider to mail my withdrawal check to this alternate address but I am not making this alternate address my new permanent address. I understand that this alternate address will be used for this withdrawal only.
- Any request for an alternate mailing address must be notarized.

Section G: Where should I send this form?

- Once I have completed this Withdrawal Form, including obtaining all signatures, I must forward it according to the instructions listed in this section.
- If I have elected to fax my documents, which includes the Withdrawal Form, Unforeseeable Emergency Withdrawal Application and required supporting documentation, I need to allow 2-4 hours for confirmation of fax receipt before I check on the fax status and confirm that all pages have been received.

Important Note

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at www.texasaver.com or call Client Service at 1-800-634-5091.
- Access to the Voice Response System or the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents regarding Plan investments and fees available from my Plan administrator and/or Plan Service representative. Read them carefully before investing.