



DEFERRED COMPENSATION PROGRAM

UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST

You may be able to receive funds from your 457 account if you have an unforeseeable emergency that causes a financial hardship. In order to be eligible for this disbursement, you must have suffered a severe financial hardship in accordance with IRS regulations. Examples could include:

Situations that might qualify for withdrawal

- Uninsured medical expenses & related lost wages
- Funeral expenses (legal dependent)
- Property damages not covered by insurance
- Loss of Spouse's employment or wages
- Foreclosure of or eviction from residence

Situations that will not qualify for withdrawal

- Purchase or remodeling of your home
- Cost of education
- Payment on credit cards or loans
- Cost associated with divorce
- Payment of taxes

The Deferred Compensation Trust Committee needs to know the nature of the emergency and the extent of your financial hardship to adequately and fairly evaluate your qualifications. The Committee must be able to determine whether your emergency complies with Section 1.457-6(c) of the Internal Revenue Code. The Committee will review all information provided and vote to approve or deny your request. The amount that may be distributed from the Plan is limited to the amount reasonably needed to meet the hardship. If you are approved for a hardship disbursement, the Plan requires you to suspend contributions for 6 months. You will not be eligible to receive any employer contributions to the 401(a) Employer Match Account during this time. After the six-month waiting period, you must complete a New Account/Change Form if you wish to re-start your contributions. All decisions of the Deferred Compensation Trust Committee are final.

Please review and certify the following conditions before completing this form:

- The amount requested to be withdrawn is not in excess of my unforeseeable emergency.
- The financial hardship cannot be satisfied by reasonable liquidation of my actual and deemed assets to the extent the liquidation would not itself create an additional immediate and heavy financial need.
- I am unable to obtain sufficient funds to satisfy the financial hardship by borrowing from commercial lenders on reasonable commercial terms.
- I understand that following a hardship withdrawal, I cannot contribute to my deferred compensation account for 6 months.
- I understand any monies received must be reported as taxable income, and will be taxed as I requested on this form.
- My social security number is correct.
- I understand that I am not eligible to receive a hardship distribution from my 401(a) Employer Match Account.

I have read the above and understand the proposed claim and all provisions contained therein. I understand that these funds are taxable to me in the year that I receive them. I certify the information submitted on this form to be true and accurate.

Participant Signature: _____ Date: _____

Personal Information

Participant Name: _____ Social Security Number: _____

Telephone (home) _____ Telephone (work) _____

Number of persons being supported in your household: _____

Withholding Information

You will have 10% Federal Income Tax and 5% State of Iowa Income Tax withheld unless you elect otherwise.

Federal Income Tax Percentage to be withheld: _____

Iowa State Income Tax Percentage to be withheld: _____

FOR OFFICE USE ONLY:

Request Approved _____ Denied _____ Account Balance _____ as of Date _____

Review Date: _____ Committee Vote: _____ Amount Approved: _____

EXPLANATION OF HARDSHIP CIRCUMSTANCES:

Place an "X" next to the situation that best describes the condition of your request. You must provide a written explanation as well. You may attach additional pages if you wish.

- Sudden and unexpected illness or accident not reimbursed by insurance.
- Loss of property due to casualty not reimbursed by insurance.
- Other similar extraordinary and unforeseeable circumstances arising because of events out of your control.
- Loss of income. (Provide dates and copies of pay stubs or other verification.)

Explanation: (attach additional sheets if required)

CURRENT MONTHLY LIVING EXPENSES:

Please list monthly living expenses. Do not include credit cards or non-reoccurring expenses. List any additional monthly living expenses in the spaces provided.

<i>Reoccurring Monthly Living Expenses</i>	<i>Payment Amount</i>	<i>Reoccurring Monthly Living Expenses</i>	<i>Payment Amount</i>
Home Mortgage Payment or Rent		2 nd Mortgage payment	
Electricity/ Gas		Water/ Sewer/ Garbage	
Telephone(s) & Cell Phone(s)		Cable/ Satellite	
Food		Automobile payment	
Child Care		2 nd Automobile payment	
Child Support/ Alimony		Other vehicle/ transportation expenses (gas, maintenance, bus)	
Clothing			
Medical, Dental, Orthodontic expenses (not covered by insurance)			
Insurance Premiums (Life, Health, Car, etc.)			
School expenses for dependents (tuition, related expenses)		TOTAL MONTHLY LIVING EXPENSES:	

CURRENT MISCELLANEOUS EXPENSES:

<i>Creditor - Credit Card or Loan</i>	<i>Balance</i>	<i>Monthly Payment</i>
<hr/>	<hr/>	<hr/>

Non-Reoccurring Expenses

Amount

Monthly Payment

Non-Reoccurring Expenses	Amount	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MISCELLANEOUS EXPENSES: _____

CURRENT MONTHLY INCOME:

Your Salary: _____

Your Spouse's Salary: _____

Child Support/ Alimony Received: _____

TOTAL CURRENT INCOME: _____

TOTALS:

Total Current Monthly Income _____

MINUS

Total Current Monthly Living Expenses: _____

Total Miscellaneous Expenses: _____

EQUALS

NET OVERAGE/ SHORTAGE: _____

EXTRAORDINARY EXPENSES RELATED TO HARDSHIP:

Please note that your request must be only for the amount necessary to cover your financial hardship. Attach a copy of the statement for each debt you are legally obligated to pay. Attach additional sheets if necessary.

Debt Owed:

Amount Owed:

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL AMOUNT OWED FOR EXTRAORDINARY EXPENSES: _____

TOTAL AMOUNT REQUESTED BY PARTICIPANT TO ALLEVIATE FINANCIAL HARDSHIP: _____

PLEASE RETURN COMPLETED FORM TO:
POLK COUNTY HUMAN RESOURCES
111 COURT AVE, STE 390
DES MOINES, IA 50309

You will be notified in writing of the final decision within 20 days of the date this request is submitted.