

**Unforeseeable Emergency Withdrawal Request
Governmental 457(b) Plan**



Wisconsin Deferred Compensation Program

98971-01

Participant Information

Last Name			First Name			MI		
Social Security Number								
Account Extension (if applicable)								
E-Mail Address								
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried								
Please Select One:						Mo	Day	Year
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien						Date of Birth		
<input type="checkbox"/> Other: _____						Country of Residence: _____ (Required)		
()			()					
Home Phone			Work Phone					

A check made payable to you will be mailed to your address on file unless otherwise requested in the Address Change/Alternate Mailing Address section below. You may confirm the address on file by accessing your account online at www.wdc457.org. If you have recently changed your address or have any questions regarding the address on file, please contact our Client Service Department at 1-877-457-9327. **If you require an address change that is submitted the same day this request is submitted, or if you are requesting an alternate mailing address, you must have your signature notarized or witnessed by your Plan Administrator in the section below.** Beneficiary Account - If you acquired this account due to the death of the participant do not complete this form, instead complete a Death Benefit Claim Request form.

Unforeseeable Emergency Withdrawal Amount

Please specify the dollar amount you are requesting to satisfy your unforeseeable emergency: \$_____ Net Amount

If your request is approved, the withdrawal of funds will be processed on a pro-rata basis across all available investment options.

Unforeseeable Emergency Withdrawal Reason

You must complete the Application for Unforeseeable Emergency Withdrawal Request and provide documentation to your Plan Administrator to support your claim.

Do not complete this form if you have separated from service.

Distribution Delivery

- Check
- Express Delivery** - \$25.00 non-refundable charge - Express delivery available Monday through Friday only. Not available to P.O. boxes.
- ACH** - Available for a \$15.00 non-refundable charge. ACH credit can only be made into a United States financial institution.
 - Checking Account - must attach preprinted voided check
 - Savings Account - must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes your name, savings account number and ABA routing number

Financial Institution Name	Account Number	ABA Routing Number
Financial Institution Mailing Address	City	State/Zip Code



Required Signature(s) and Date

Participant Consent

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

I understand that the Internal Revenue Code and my Section 457(b) Plan prohibits distributions prior to occurrence of certain events. I am requesting a distribution due to an unforeseeable emergency within the meaning of Section 457 of the Code and my Section 457(b) Plan, and understand that the Plan has an authority to approve or reject my request. I understand that supporting documentation must be provided to substantiate my unforeseeable emergency withdrawal request.

I hereby certify under penalty of perjury that information provided by me on this withdrawal request is true and accurate.

I have obtained all available distributions, other than unforeseeable emergency distribution, and all nontaxable loans currently available under all plans maintained by my employer (or related employers).

I certify that I cannot obtain the needed funds from any other available resources such as reimbursement or compensation from insurance, cessation of deferrals under the Plan, loans, liquidation of other assets to the extent the liquidation of such assets would not itself cause a severe financial hardship, or by any other means available to me. I understand that the amount of unforeseeable emergency distribution may be limited under the terms of the Plan and can never exceed my vested account balance.

I understand I am responsible for any applicable income tax and/or penalties on this distribution.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held for less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Under penalty of perjury, I certify that a Social Security number (or a Taxpayer Identification Number) as shown on the first page of this request is correct, and that I am a U.S. person if I checked the U.S. Citizen box or the U.S. Resident Alien box on this withdrawal request form.

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

Participant Signature

Date (Required)

Participant forward to Plan Administrator/Trustee

Authorized Plan Administrator/Trustee Approval

This request is in compliance with the terms of the Plan and I have provided the participant with a written explanation of the tax rules and any other Internal Revenue Service, Department of Labor or other notice requirements to the participant that apply to this request and the appropriate consent and waivers have been obtained by the Plan Administrator and the Service Provider is authorized to rely on the information provided on this request. I affirm that the Plan has approved an unforeseeable emergency distribution with respect to the participant completing this form.

I am forwarding the Unforeseeable Emergency Withdrawal Request form and I am retaining the application and supporting documentation for my records only.

Authorized Plan Administrator/Trustee Signature

Date

Plan Administrator/Trustee forward to Service Provider at:

Wisconsin Deferred Compensation®
5325 Wall Street Suite 2755
Madison, WI 53718
Phone #: 1-877-457-9327
Fax #: 1-608-241-6045

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.

Unforeseeable Emergency Withdrawal Certification

Your Section 457(b) Plan permits unforeseeable emergency withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan that the reason for such withdrawal complies with applicable requirements under Internal Revenue Code and the Plan. You can only request an unforeseeable emergency withdrawal if you find that your situation warrants such request and you have sufficient documentation to support it.

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 you are taken into consideration.

If you elect not to have federal income tax withheld or if you do not have enough federal or state income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your income tax withholding and estimated tax payments are not sufficient.

Indicate the amount of the unforeseeable emergency on the line provided. The amount you request will be a gross amount; that is, federal and/or state income tax will be withheld from your requested amount (unless the Net Amount box has been selected). The unforeseeable emergency amount will be automatically prorated against all of your available investment options.

Express Delivery - Express delivery is available for full or partial distributions only. The amount of your distributable check will be reduced by \$25.00 for this service. Express delivery is only available Monday through Friday and is not available to P.O. boxes. Delivery is not guaranteed to all areas.

Automated Clearing House (ACH) - Check this box and complete this section only if you want your payments to be electronically deposited into your checking or savings account. You may not designate a business account or an IRA. Your payment amount will be reduced by \$15.00 for this service. ACH credit can only be made into a United States financial institution (bank/credit union).

Complete the financial institution name, account number, ABA routing number, financial institution mailing address, city, state and zip code. For a checking account, you must attach a preprinted voided check. If a preprinted voided check is not available, you must attach a signed letter from your financial institution, on their letterhead, that confirms the ABA routing number and your name and account number. For a savings account, you must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes your name, savings account number and ABA routing number.

By choosing an ACH credit to your financial institution account, you are authorizing Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to your checking or savings account. You are also authorizing your financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. Service Provider will make payments in accordance with the directions you have specified on the Unforeseeable Emergency Form until such time that you notify Service Provider in writing that you wish to cancel the ACH agreement.

Service Provider reserves the right to terminate the ACH transfers for any reason and will notify you in the event of such termination by sending notice to your last known address on file with Service Provider.

It is your obligation to notify Service Provider of any address or other changes affecting your electronic fund transfers prior to your payment date. You are solely responsible for any consequences and/or liabilities that may arise out of your failure to provide such notification.

By selecting an ACH method of delivery, you acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Unforeseeable Emergency Form. By selecting this method of distribution delivery, you are authorizing and directing your financial institution not to hold any overpayments made by Service Provider on your behalf, or on behalf of your estate or any current or future joint accountholder, if applicable.

Your Plan Administrator/Trustee's signature is required.

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

If you are a U.S. citizen or resident alien and your payment is to be delivered outside the U.S. or its possessions, you may not elect out of federal income tax withholding.

If you are a non-resident alien, you must attach IRS Form W-8BEN with an original signature. In general, the withholding rate applicable to your payment is 30% unless a reduced rate applies because your 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. To obtain the IRS Form W-8BEN, call 1-800-TAX-FORM.

Contact your tax professional for more information.