

Wisconsin Deferred Compensation Program FINANCIAL EMERGENCY HARDSHIP WITHDRAWAL APPLICATION

If you feel your situation meets the Internal Revenue Service requirements for an emergency withdrawal and your Wisconsin Deferred Compensation (WDC) Program account is the only choice you have, complete this application and attach supporting documentation. All hardship withdrawals are subject to applicable Internal Revenue Code requirements and regulations.

1. Read the WDC financial emergency hardship withdrawal information brochure for important information regarding s. 457 emergency withdrawals.
2. Complete this application. Please type or print clearly using black ink.
3. Attach all supporting documentation. Applications without supporting documentation will not be considered for approval and will delay review and processing of your application.
4. Return your completed application to the WDC. The mailing address is 5325 Wall Street, Suite 2755, Madison, WI 53718, or you may fax your information to the WDC at (608) 241-6045.
5. If you have questions or need assistance, contact the local WDC office in Madison at (608) 241-6604 or toll-free (877) 457-9327, option 2.

SECTION A - PARTICIPANT INFORMATION

Name:	Marital Status: M S W D DP M = married, S = single, W = widowed, D = divorced, DP = domestic partner
Address:	Number of Dependents:
City, State, Zip:	Daytime Phone:
Employer:	Best Time to be Contacted:
Social Security Number:	

SECTION B - WITHDRAWAL REQUEST

Describe your unforeseeable financial emergency, including the cause(s), why it was not normally budgetable, and what will result if your application is not granted. You must provide specific dollar amounts, dates involved and attach documentation of unpaid, unforeseeable expenses or losses before your application will be considered. Anticipated, normally budget-able expenses do not constitute an unforeseeable financial emergency. Attach additional sheets if necessary.

Summary of Unforeseeable Emergency

Unforeseeable Emergency Expenses	Unpaid Amount
Total Amount Requested:	

SECTION C – FINANCIAL STATEMENT

The following financial information is required in order to review your application. Applications received without this section completed and supporting documentation included will not be considered and will delay the review and processing of any distributions approved for emergency release.

Assets	Current Value	Balance Owed	Net Worth
Home			
Other Real Estate			
Automobiles			
Personal Property (not household furnishings)			
Cash (savings and checking accounts)			
Stocks and Bonds			
Life Insurance Cash Value			
IRA or CDs			
All other assets (list, use additional page if necessary)			
Total Assets			

Current Monthly Income (copies of pay stubs must be provided)		Current Monthly Expenses	
Your Gross Monthly Salary		House Payment or Rent	
Spouse's Gross Monthly Salary		Utilities (gas, electric, phone, water, sewer, cable, etc.)	
Other Income such as child support, alimony, etc. (list, use additional pages if necessary)		Food	
Total Gross Monthly Income		Clothing	
Withholding Taxes - Federal - State - FICA - Other		Insurance Premiums (home, car, health, life, etc. List, use additional pages as necessary)	
Other Deductions (list, use additional pages as necessary)		Credit Card Accounts	
		Car Payments	
		Other Transportation Expenses (fuel, etc.)	
Total Monthly Deductions		Other expenses such as day care, child support, alimony, school expenses, charities, etc. (list, use additional pages if necessary)	
Total Net Monthly Income		Total Monthly Expenses	

Last Name	First Name	Middle Initial	Social Security Number
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SECTION D - CERTIFICATION AND SIGNATURE

I certify by my signature below that:

- I have read the WDC Emergency Withdrawal Application brochure that accompanied this application form.
- The information provided on this application and on any attached documentation is true, correct, and complete to the best of my knowledge.
- My financial need cannot be satisfied from other resources reasonably available.
- I have liquidated all my available assets including IRAs, personal savings or insurance policies.
- I have attempted, but am unable to obtain sufficient funds to satisfy my financial need by borrowing from commercial lenders. Documentation relating to my approval/denial of such loan is attached.
- The amount I have requested is not in excess of the amount necessary to relieve my immediate and heavy financial need.
- I authorize representatives of the WDC to verify any or all of the information submitted.
- I acknowledge and agree that any false or misleading information submitted on this application or any attached documentation may subject me to personal liability.
- The WDC may exercise its rights against me if damaged by false or misleading information I submit.
- I am eligible for distribution of funds from the WDC. I am aware this distribution will increase my taxable income for the year.
- I understand that if my application is approved, I will not be able to defer to the WDC for a period of 180 days from the date of approval.

I have read all of the above and understand the requirements of IRC section 457 for an unforeseeable emergency withdrawal. I request that my application be approved.

Signature of Participant	Date
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Securities (except the SDBA), when offered, are offered through GWFS Equities, Inc., a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Securities available through Schwab Personal Choice Retirement Account(R) (PCRA) are offered through Charles Schwab & Co., Inc. (Member SIPC), a registered broker-dealer. Additional information can be obtained by calling (888) 393-7272. Charles Schwab & Co., Inc. and Great-West Retirement Services are separate and unaffiliated. Form# 87604 (11/09)