



**Instructions** Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records.

**Prudential**  
30 Scranton Office Park  
Scranton, PA 18505-5370

*Questions?*  
Call 1-833-625-4681  
for assistance.

**About You** Plan number 9 4 0 0 8 0 Sub Plan number 0 0 0 0 0 1 Oakland County 457(b) DC Plan

Social Security number  
| | | | | - | | | | | - | | | | |

First name | | | | | | | | | | | | | MI | | Last name | | | | | | | | | | | | |

Address  
| | | | | | | | | | | | | | | | | | | | | | | |

City | | | | | | | | | | | | | State | | ZIP code | | | | | - | |

Email address  
| | | | | | | | | | | | | | | | | | | | | | |

Date of birth | | - | | - | | | | | Daytime telephone number | | | | | - | | | | | Gender  M  F

**Amount of Unforeseeable Emergency Withdrawal**

The disbursement amount will be taken from your account according to the hierarchy determined by the Plan/Program. If the amount requested exceeds your maximum withdrawal amount, you will be paid the maximum amount available.

Important message for individuals invested in IncomeFlex: Withdrawals made after the lock-in date in excess of the annual guaranteed (lifetime annual) withdrawal amount called "excess withdrawals", will result in a permanent reduction in future guaranteed withdrawal amounts. In addition, any withdrawals made prior to the lock-in date will reduce the income base used to determine your future guaranteed withdrawal amounts. Please see the Prudential Income Flex Important Considerations or Prospectus document for additional information about withdrawals, including examples. If you would like to make an excess withdrawal or a withdrawal before the lock-in date and are uncertain how the withdrawal will reduce your future guaranteed withdrawal amount, then you may contact Prudential at the number above prior to requesting the withdrawal to obtain a personalized, transaction specific calculation showing the effect of the withdrawal.

AMOUNT: \$ \_\_\_\_\_ (REQUIRED-MUST BE COMPLETED)

If you do not check the box below, the "gross up" will not occur. You may include additional funds in the disbursement amount necessary to pay anticipated federal or state income tax. If you would like your gross payment to include taxes and fees reasonably anticipated to result from this withdrawal (this is called a "gross up"), check the following box.

- I would like to increase the amount of my unforeseeable emergency withdrawal request to cover any federal and state income taxes, and any applicable fees that may reasonably be anticipated as a result of this withdrawal.

Note: Your election for Federal and State Income Tax in the following sections will be used as the amount of reasonably anticipated taxes and fees in the "gross up" calculation.

**Reason for Unforeseeable Emergency Withdrawal**  
(Check all that apply)

I hereby request an Unforeseeable Emergency Withdrawal for the following reason(s). I agree to provide the applicable documentation as described.

- Medical expenses incurred by me, my spouse, or any of my dependents, or primary beneficiary.** These are un-reimbursed medical expenses that must be paid to receive medical care for the participant, the participant's spouse, the participant's dependents, or primary beneficiary. \*Please refer to the Attachment for Medical Expenses for required documentation.
- Payments needed to prevent eviction or mortgage foreclosure on my principal residence.** These payments are necessary to prevent eviction of the participant from the participant's principal residence or foreclosure on the mortgage of the residence. \*Please refer to the Attachment to the Attachment for Payments to Prevent Eviction or Foreclosure for required documentation.
- Payment of burial or funeral expenses for my deceased parent, spouse, children, dependents, or primary beneficiary.** This includes payment for burial or funeral expenses for the participant's deceased parents, the participant's spouse, the participant's children or dependents, or primary beneficiary. \*Please refer to the Attachment for Payments for Burial or Funeral Expenses for required documentation.
- Expenses for the repair of damage to my principal residence that qualifies for a casualty deduction.** This includes a casualty loss to the participant's principal residence that arose from fire, storm, earthquake or some other casualty. Only the portion of the expense that is not covered by insurance is eligible for this purpose. \*Please refer to the Attachment for Payments for Damage to Principal Residence that Qualifies for a Casualty Deduction for required documentation.

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**Express Mail**

*(check box if applicable)*

- I wish to have my disbursement check sent by express mail. Therefore, please deduct \$25.00 per check from my account prior to the distribution. **Please Note:** Express mail is *not* available for delivery to post office boxes.

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**Election For Withholding of Federal Income Tax**

**I understand that if I do not check one of the following boxes, 10% federal (plus any applicable state or local) income tax will be automatically withheld from my distribution.**

- I do not want federal income tax withheld from my distribution.
- I want \_\_\_\_\_% in addition to the 10% federal income tax withheld .

**Election For  
Withholding  
of State  
Income  
Taxes**

**A. Mandatory State Withholding:** If you reside in a state where state income tax withholding is mandatory **AR, CA\***, DC (mandatory for total single sum distributions only), **DE, IA, KS, MA, MD** (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), **ME, MI** (see below), **NC, NE, OK\***, **OR\***, **VA** or **VT\*** applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.

If you are a resident of **IA**, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, **IA** income taxes are required to be deducted for the amount over \$6,000.

My resident state is **AR, DE, KS, ME, NC, NE, or VA** (for **NE** and **VA**, election out is allowed for payments from **IRA**'s only) and I do not want state income tax withholding deducted from my distribution. (An election out of **AR, DE, KS, ME, NC, or VA** state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) *Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.*

\*My resident state is one of the following: **CA, OK, OR, \*\*VT** and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding. \*\*An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.

My resident state is **MI** and withholding of 4.25% is required, unless my payments are not taxable and I opt out.

My resident state is **MI** and I would like to opt out of **MI** withholding. Note: Opting out may result in a balance due on your **MI 1040** as well as penalty and/or interest.

My resident state is **MI** and if my payments are taxable, I wish to have **MI** state withholding based on the number of exemptions selected. I have entered the number of exemptions below:

\_\_\_\_\_ Enter the number of personal exemptions allowed on your Michigan Income Tax Return (MI-1040). The total number of exemptions you claim may not exceed the number of exemptions you are entitled to claim when you file your **MI-1040**. Withholding will be computed at the percentage determined by the state after subtracting your personal exemption allowances.

My resident state is **MI** and I am requesting \_\_\_\_\_% additional **MI** state tax withheld from my payment. This amount must be a whole percentage.

**B. Voluntary State Withholding:** Please check the appropriate box below. If state income tax withholding is not mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose method of withholding that is not offered for your state, we cannot withhold state income tax.

I reside in one of the following voluntary withholding states: **AL, CO, CT, DC** (voluntary for partial and systematic distributions), **GA, ID, IA** (voluntary if no federal tax withheld), **IL, IN, KY, LA, MD** (non-eligible rollover distributions only), **MA** (voluntary if no federal income tax withheld), **MN, MO, MS, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV** (**NE** and **VA** state withholding is voluntary for payments from **IRA**'s only) and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)

\_\_\_\_\_ % or \$ \_\_\_\_\_

I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.

**C. No State Withholding:** Some states do not have state income tax withholding.

My resident state is one of the following: **AK, FL, HI, NV, NH, SD, TN, TX, WA, WY** and there is no state income tax withholding.

My resident state is **AZ** and there is no state income tax withholding on non-periodic (single sum) payments.

**Electronic Funds Transfer (EFT)**

*(Complete this section only if you choose to have your payment(s) sent by EFT.)*

If you would like your disbursement sent to you via Electronic Funds Transfer (EFT), please check the following box and complete the information below. You must also attach a voided check verifying your account number and routing number. If all of the necessary information is not provided or if this section does not apply to your disbursement request, a check may be made payable to you.

I would like my payment(s) sent by EFT.

Financial Institution name

\_\_\_\_\_

Account Number

\_\_\_\_\_

Please verify the entire account number with your financial institution to ensure acceptance of payments.

Type of account:  Checking  Savings

Financial Institution Routing/Transit/ABA Number

\_\_\_\_\_

I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to your account within 2 business days of being processed.

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

**Your Authorization**

I certify that the information I have provided is true and correct and will be relied upon in processing my request and the tax implications regarding this disbursement. I understand that any failure in this regard, inaccurate assertion or misrepresentation may jeopardize the ability of my employer to offer the plan and may subject me to disciplinary action, including severance from employment. I will be responsible for its accuracy in the event any dispute arises with respect to the transaction. I certify all other distributions (other than hardship distributions) and non-taxable loans under this and all other employee benefit plans maintained by my employer have been obtained or sought and will not cause further hardship.

If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at [www.retirement.prudential.com](http://www.retirement.prudential.com).

Generally, forms expire after 90 days, I understand that I may be required to complete a new form if all required information and documentation is not received before the expiration date.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
*Participant's signature*

**Important  
Withdrawal  
Information**

The administration of the plan may be audited from time to time by the Internal Revenue Service for determination of full adherence to the requirements of the Internal Revenue Code and related regulations. **If the plan is not administered in compliance with tax laws, the tax benefits of the plan can be denied to all participants in the plan. For this reason, Internal Revenue Code and IRS regulations must be strictly enforced.**

Generally not considered an unforeseeable emergency are those personal expenses normally budgetable such as:

1. Purchase of a home
2. Purchase or receipt of an automobile
3. College or other educational expense
4. Credit card bills
5. Payment of outstanding loans
6. Elective surgery
7. Payment of personal income taxes

<u>UNFORSEEABLE EXPENSES</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

Please state in your own words what unforeseeable event has occurred since you enrolled in the Plan which has caused you to have an extreme hardship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The documents you need to submit to substantiate the nature of your request are detailed on the *Attachments*. If any of the required documents are missing, your request cannot be processed.

- You must include acceptable documentation within the specified timeframe with the attachments or your request will be rejected.

**Dependent**

The definition of "dependent" is important in the application of the "deemed unforeseen" withdrawal standards that pertain to plans/programs. Unless a specific exception applies, a dependent must either be a "qualifying child" or a "qualifying relative". These terms are defined as follows.

**Qualifying Child**

A qualifying child is a child or descendant of a child of the taxpayer. A child is a son, daughter, stepson, stepdaughter, adopted child or eligible foster child of the taxpayer. A qualifying child also includes a brother, sister, stepbrother, or stepsister of the taxpayer or a descendant of any such relative. In addition, the individual must have the same principal place of abode as the participant for more than half of the taxable year, the individual must not have provided over half of his own support for the calendar year, and the individual must not have attained age 19 by the end of the calendar year. An individual who has attained age 19 but is a student who will not be 24 as of the end of the calendar year and otherwise meets the requirements above is also considered a qualifying child. Special rules apply to situations such as divorced parents, disabled individuals, citizens or nationals of other countries, etc. Please see your tax advisor for further details regarding special situations.

### **Qualifying Relative**

A qualifying relative is an individual who is not the participant's "qualifying child", but is the participant's: child, descendant of a child, brother, sister, stepbrother, stepsister, father, mother, ancestor of the father or mother, stepfather, stepmother, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law. An individual who is not the participant's spouse but who shares the same principal place of abode and is a member of the participant's household may also be considered a qualifying relative. Regardless of the participant's relationship to the individual, the participant must provide over half of the individual's support for the calendar year for that individual to be considered the participant's qualifying relative. There are special rules for situations such as multiple support agreements, divorced or legally separated parents, custodial and non-custodial parents, etc. Please see your tax advisor for further details regarding special situations.

### **Qualifying Primary Beneficiary**

A "primary beneficiary under the plan" is a named beneficiary under the plan with a certain unconditional right to all or a portion of the participant's account balance upon the death of the participant. Thus, a hardship withdrawal may not be taken for the benefit of a contingent beneficiary. The normal hardship conditions such as an immediate and heavy financial need also must be satisfied. A plan that uses the safe harbor hardship events may make hardship distributions related to medical, tuition, and funeral expenses incurred by a primary beneficiary.

If you are requesting a withdrawal to cover expenses that pertain to the individuals listed below, copies of the following additional documents must also be submitted:

- Your spouse: Your most recent Form 1040 US Income tax return.
- Your dependent: Dependent's birth, or adoption certificate; and your most recent Form 1040 US Income tax return.
- Your primary beneficiary: The individual must match the beneficiary information we have on file OR a new Beneficiary Designation must be executed and submitted.

**ATTACHMENT FOR MEDICAL EXPENSES**  
**Definition:** Expenses for (or necessary to obtain) medical care. \*

**IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST**

Please check the documentation that you have enclosed to be sure it follows the guidelines listed below.

- If these expenses are for a dependent, ONE of the following MUST be provided to show proof of dependency:
- First page of the latest federal 1040 tax form
  - Copy of a birth/adoption certificate (listing mother and father) – only if the child is 18 years of age or younger
  - Official Marriage License/Certificate

**REQUIRED DOCUMENTATION**

**Qualified Medical Expenses:** (Check all that apply and enclose with Withdrawal Request Form and documentation.) **Note:** Funds can only be disbursed for *Unpaid bills*.

- Medical Expenses:** Copy of current dated (within the last 45 days) unpaid medical bill that show:
- Patient's name (must be the participant or a dependent)
  - Date of service
  - The insured and uninsured portion of expenses
  - Total amount due after insurance has been applied

**Note:** If medical costs are not covered by insurance, the medical bill must be noted by the medical provider; and must be signed, titled, and dated by a representative of that medical provider.

**Long Term Care Services:**

Copy of current dated (within the last 45 days) itemized bill on the medical provider's letterhead showing the following:

- Patient's name
- The total amount due after insurance has been applied

**Insurance Premiums for Medical Expenses or Long-Term Care Services:**

- Copy of insurer's bill for premiums on letterhead (dated within the last 45 days)
- The participant or dependent **listed** as the patient or insured.

**Note:** These premiums cannot be reimbursed by any Employer.

**I am requesting this amount due to my:** (please check one, complete as necessary, and then sign/date)

- Own medical expenses**
- Spouse's medical expenses**
- Child's medical expenses**
- Dependents/Primary Beneficiary medical expenses**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**I certify that the expenses for which I am requesting an unforeseen emergency withdrawal: 1) have not and will not be reimbursed or paid through insurance or otherwise, and 2) were incurred for medically necessary services.**

Signature X \_\_\_\_\_ Date \_\_\_\_\_

\* Expenses for (or necessary to obtain) medical care would be deductible under IRC section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income).



## ATTACHMENT FOR PAYMENTS TO PREVENT EVICTION OR FORECLOSURE

**Definition:** Expenses necessary to prevent the eviction of the employee or foreclosure on the mortgage from the employee's principal residence.

### IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST

*Please check the documentation that you have enclosed to be sure it follows the guidelines listed below.*

**Note:** Funds can only be disbursed for **Unpaid** bills.

### REQUIRED DOCUMENTATION

**Payments to Prevent Eviction Documentation:** (Check box and enclose with the Withdrawal Request form.)

**Copy of the eviction notice or court order that must provide all of the following:**

- Your name (this must be listed to show financial responsibility)
- Property address (if address on documentation does not match address on file with Prudential, see information below)\*\*
- Be dated within 45 days of your request
- Total amount due to prevent eviction
- Future due date to prevent eviction
- Specific months for which the rent/payment is due
- Landlord's dated signature and TITLE (Examples: landlord, property manager, homeowner, etc) **Landlord's signature must be notarized.**
- Landlord's contact information (phone number and/or address)

**Payments to Prevent Foreclosure Documentation:** (Check all that apply and enclose with the Withdrawal Request form.)

**Copy of the foreclosure notice/reinstatement letter from the financial institution that provides the following:**

- Notice or letter must be on financial institution's letterhead
- Your name (this must be listed to show financial responsibility)
- Property address (if address on documentation does not match address on file with Prudential, see information below)\*\*
- Be dated within 45 days of your request
- Total amount due to prevent foreclosure (months may be required upon review of documentation)
- Future due date to prevent foreclosure

**Delinquent property taxes qualify if they are taxes on the participant's primary residence and will result in foreclosure or sale of the property. This notice must provide the following:**

- The county tax office on business letterhead
- Your name (this must be listed to show financial responsibility)
- Property address (if address on documentation does not match address on file with Prudential, see information below)\*\*
- Be dated within 45 days of your request
- The tax year(s) that are due
- Total amount due to prevent the foreclosure/sale of property
- Future due date to prevent foreclosure/sale of property

**\*\*If your address on file with Prudential does not match the address of your primary residence on the eviction or foreclosure notice, please provide ONE of the following as proof of your primary residence:**

- Copy of your valid driver's license showing your primary residence OR
- Copy of a current dated (within the last 45 days) bill showing your primary residence OR
- A signed, dated, NOTARIZED letter stating that the home in foreclosure or the residence that you are being evicted from is your primary residence.

## ATTACHMENT FOR FUNERAL/BURIAL EXPENSES

Definition: Payments for burial/funeral expenses for the participant's deceased parents, spouse, children, dependents, or primary beneficiary.

### IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST

*Please check the documentation you have enclosed to ensure it qualifies as an eligible expense and follows the guidelines below.*

**Eligible Expenses:** opening/closing of a grave, burial plot, burial vault or grave liner, marker or monument, crypt, cemetery perpetual care charges, honoraria for clergy, funeral breakfast/luncheon/dinner expenses associated with the funeral/memorial service, flowers, guest registers and acknowledgment cards, music, urn or casket.

**Not Eligible Expenses:** invoices that have been paid, burial expenses to the extent that they are covered by Veterans benefits, travel expenses incurred by family members to attend the funeral, and prearranged/prepaid funerals.

If these expenses are for a dependent or primary beneficiary, ONE of the following **MUST** be provided to show proof of dependency:

- First page of the latest federal 1040 tax return
- Copy of birth/adoption certificate (listing mother and father)
- Official Marriage License/Certificate

### REQUIRED DOCUMENTATION

**Qualified Burial/Funeral Expenses** (*Check all that apply and enclose with the Withdrawal Request form and documentation.*)

**Note:** Funds can only be disbursed for **Unpaid** bills.

Provide a copy of the current (dated within 45 days) Funeral Home bill showing the following:

- On Funeral Home letterhead
- Name of the deceased
- The **unpaid** balance due
- The participant as the responsible party for payment

Provide a copy of unpaid, itemized invoice(s) from other parties which are current dated (within 45 days). Show the following:

- Letterhead of provider
- Name of the deceased
- Unpaid balance due showing the participant as the responsible party for payment

Copy of the death certificate

I am requesting this amount due to my: (please check one and complete as necessary)

- Parent's death
- Spouse's death
- Child's death
- Dependent's/Primary Beneficiary's death

Dependent/Primary Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

**ATTACHMENT FOR REPAIR OF DAMAGE TO THE EMPLOYEE'S PRINCIPAL RESIDENCE THAT QUALIFIES FOR A CASUALTY DEDUCTION**

**Definition:** Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income).

**IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST**

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. If the amount requested is more than the amount available in your account for withdrawal, the withdrawal will be limited to the amount available in your account.

**REQUIRED DOCUMENTATION**

- Evidence of casualty (a detailed description of the events that resulted in the casualty). Please submit:**
  - Pictures and/or articles of newspaper clippings as evidence
  - A signed/dated letter of explanation indicating the property address that sustained the loss.

**NOTE:** The property address which sustained the loss must be your primary residence.
  
- Unpaid current dated (within 45 days of hardship request) invoices and/or contracts that provide:**
  - Your name and property address (must match the address on file with Prudential)
  - Itemization of the repair(s)
  - Total amount due
  - Signature of both the participant and the contractor

**NOTE:** We cannot accept an ESTIMATE of these charges.
  
- Copies of insurance claims from your insurance company as evidence that the damages have not been covered by your homeowner's insurance.**
  
- If your address on file with Prudential does not match the address of your primary residence as listed on the casualty description or invoices, please submit ONE of the following:**
  - A copy of your current driver's license which shows your primary residence address. OR
  - A signed/dated/NOTARIZED letter stating that the home affected by the casualty is your primary residence.

I am requesting this amount because of damages that were caused to my principal residence due to:

- Fire
- Storm
- Other Casualty\* This may require further review by plan, legal, etc.
- Theft\*

Description of the Casualty or Theft:

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A casualty loss is defined as a sudden, unusual or unexpected event resulting in an uninsured loss. Causes of such rapid losses include flood, fire, earthquake, wind damage, water damage, theft, accident, vandalism, hurricane, tornado, riot, shipwreck, snow, rain and ice. To be deductible, a casualty loss must occur quickly, usually instantly or over a few days. Slow losses that occur over months or years, such as mold damage, dry rot, moth or termite damage, or normal home maintenance to repair or replace windows, roofs or plumbing generally are not tax-deductible, and therefore do not qualify.

The participant can only qualify for this reason when there is a casualty loss to his principal residence that arose from fire, storm, shipwreck, or some other casualty, or from theft. Only the portion of the expense that is not covered by insurance is eligible for this purpose.

The amount of loss is based upon the lesser of the difference between the market value of the property before and after the casualty occurrence or the loss in the basis of the property.

Because of the difficulties of ascertaining the timing of the casualty loss and the dollar amount of the loss, your claim can only be processed through this procedure using the specified documents, and you are strongly urged to discuss with your own tax, accounting or legal advisors the proper measurement of the amount of the casualty deduction loss and the taxable year for which it qualifies as a casualty loss.