

Instructions for Unforeseeable Emergency Withdrawal

Please Read the Following Pages Carefully

- All financial resources must have been exhausted prior to completing an Unforeseeable Emergency (UE) application. Completing this package indicates that you are not eligible for a loan from the Deferred Compensation Plan. If you are eligible to take out a Deferred Compensation loan, your Unforeseeable Emergency application will be denied.
- Your pre-tax deferral from your pay will automatically be suspended unless restarted by you under Section 4 on the **Request for Unforeseeable Emergency Withdrawal** form (page 5).
- We cannot guarantee that you will have your money in less than 12 business days. Any incomplete paperwork will result in a delay of approval.
- Fill in all blanks on the **Request for Unforeseeable Emergency Withdrawal** (page 5), **Income Statement** (page 6) and the bottom of **W-4P** (page 7) forms. Make sure address on application and **W-4P** are correct and the same. The income statement must be filled out or request will not be approved.
- Send back all documentation listed on the checklist (page 8) pertaining to your situation.
- The money is sent to you directly from your Investment Provider. If you wish to have your money sent via overnight mail, you may indicate this by writing on the **Request for Unforeseeable Emergency Withdrawal** form “OVERNIGHT”. You will be charged \$25.00 for this service by your Investment Provider. This does not mean that your application will be processed overnight, only that the mail time will be reduced. A check cannot be overnighted to P.O. Box.
- You must mail or fax your paper work to Deferred Compensation. The fax number is (850) 354-5098 and the mailing address is 200 East Gaines Street, Tallahassee, Florida 32399.



Dear Participant:

In response to your request, attached for your review is a copy of the Rules of the Department of Financial Services, Chapter 69C-6 State of Florida Employees Deferred Compensation Plan, Article V, Section 5.05 Distribution due to an Unforeseeable Emergency.

If you believe you meet the requirements for an Unforeseeable Emergency, please complete the attached forms, and provide all additional information to support your Unforeseeable Emergency to the Bureau of Deferred Compensation.

Please read the following instructions for completing the Unforeseeable Emergency application:

1. **Income Statement** - Report all income for yourself and spouse, if applicable, including all source(s) and copies of current earning statements. Also list all monthly expenses, assets, and liabilities.
2. **On the Request for an Unforeseeable Emergency Withdrawal Form:**
 - **Participant Information** - Complete the entire section.
 - **Unforeseeable Emergency Categories** - Please check one or more of the guidelines that pertains to your case and submit the necessary documentation to substantiate your request. Examples of the types of documentation you will need to submit to support your case is. **The Internal Revenue Service does not consider the payment of Federal Income Taxes to be an Unforeseeable Emergency.**
 - **Investment Provider Information** - Please indicate from which provider(s) you would like to withdraw your money. In addition, indicate whether you want a full or a partial withdrawal. If you check partial withdrawal, please indicate the amount you would like to be withdrawn **before taxes.**
 - **Federal Income Tax Information** – Unforeseeable Emergency withdrawals are subject to Federal withholding tax. The amount of tax withheld will be **10%** unless otherwise indicated by the participant.

Submitting a Request for an Unforeseeable Emergency Withdrawal **will result in all deferrals being suspended** unless restarted by you under Section 4. If your request is denied, you will be advised of your rights to appeal in writing.

It states in Chapter 837, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Please sign and mail all forms and documentation to the Department of Financial Services, Bureau of Deferred Compensation, 200 East Gaines Street, Tallahassee, FL 32399-0346 or fax to (850) 354-5098. If you have any questions, please contact our office at (850) 413-3162 or toll-free (877) 299-8002.

Sincerely,

Bureau Deferred Compensation

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Bureau of Deferred Compensation • www.myfloriddeferredcomp.com
200 East Gaines Street • Tallahassee, Florida 32399-0346 Tel. (850) 413-3162 • Fax (850) 354-5098
Email • DefCompEmergency@myfloridacfo.com

AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER

**RULES OF
THE DEPARTMENT OF FINANCIAL SERVICES
CHAPTER 69C-6
STATE OF FLORIDA
EMPLOYEES DEFERRED COMPENSATION PLAN**

The following statements have been extracted from the State of Florida Employees Deferred Compensation Plan Rules (form number DFS-J3-1176) rev. (03/15). These rules define the authorization of Unforeseen Emergency distributions.

Article V

Section 5.05 Distribution due to an Unforeseeable Emergency

A Participant who is employed by the employer may request a withdrawal of all or part of his or her account due to the occurrence of an Unforeseeable Emergency. Such request must be submitted in writing to the Administrator on Form DFS-JS-1171, Request for Unforeseeable Emergency Withdrawal, incorporated by reference in Rule 69C-6.003, F.A.C. The request must be accompanied by evidence demonstrating that the circumstances qualify as an Unforeseeable Emergency. Except as specifically provided otherwise, the Administrator shall require medical or other relevant evidence demonstrating the existence of the Unforeseeable Emergency and the amount needed to address the Unforeseeable Emergency.

1. A Participant may not receive a distribution on account of an Unforeseeable Emergency if the Unforeseeable Emergency is or may be relieved:
 - a. through reimbursement or compensation by insurance or otherwise;
 - b. by liquidation of the participant's assets, including availability of a loan through the plan, to the extent the liquidation of such assets would not itself cause severe financial hardship;
 - c. by cessation of deferrals under the Plan; or
 - d. by a loan from the plan; from
 - (1) 457(b)-rollover
 - (2) 403(b)-Optional Retirement Program (if allowed)
 - (3) 403(b)-Universities (if allowed)
2. The Department shall use the following criteria to determine whether a circumstance is unforeseeable:
 - a. The following are considered unforeseeable:
 - (1) Medical expense, not excluding the cost physical accommodation, such as a wheelchair ramp, of the participant, participant's spouse, or dependant, which is medically necessary due to injury or illness and related travel expenses,
 - (2) Funeral Expense of an immediate family member and related travel expenses,
 - (3) Loss of income due to termination of employment, injury, or illness of the participant or participant's spouse,
 - (4) Casualty loss,
 - (5) Loss of child support payments to support dependant child,
 - (6) Entry of a minor relative, or ward into the PARTICIPANT's household due to death, illness, or incarceration of the minor's parent or guardian,
 - (7) An extraordinary event or circumstance so improbable that a hypothetical reasonable prudent person could not have prevented it, or overcome its impact, through savings, insurance, credit, or other financial preparation;
 - (8) Imminent foreclosure upon a participant's primary residence,
 - (9) Eviction from primary residence,
 - (10) Dental or periodontal treatment that is necessary due to a sudden injury,

- (11) The declaration of an emergency by the State's Governor as a result of a natural disaster, provided such natural disaster creates an unforeseeable financial emergency for the Participant, and the Participant certifies in writing, as to the existence of such unforeseeable emergency and provides all required documents identified in Form DFS-J3-1171.
 - a) Participant must demonstrate that there is an emergency need that falls under one of the existing categories above (1) through (10), (i.e., proof of incurrence of additional housing expenses as evidenced by hotel receipts, travel receipts) and that:
 - i. the financial hardship cannot be relieved through reimbursement or compensation by insurance or otherwise;
 - ii. a loan or a financial hardship withdrawal from a 401(k) plan (if available);
 - iii. by liquidation of assets, to the extent such liquidation would not itself cause severe financial hardship; or
 - iv. by cessation of deferrals under the Plan.
 - b) Provided such requirements are satisfied, the Administrator shall authorize an Unforeseeable Emergency withdrawal.
 - c) The Participant shall not qualify if the Participant has sufficient income or other resources to address the unforeseeable emergency.
- b. The following are not considered unforeseeable:
 - (1) Purchase of a house not due to casualty loss,
 - (2) Dental or periodontal treatment which is cosmetic or is necessary due to a chronic or degenerative condition such as periodontal disease, decay or malocclusion not due to a sudden injury,
 - (3) Repair of a home not due to casualty loss,
 - (4) Purchase of a vehicle not due to casualty loss,
 - (5) Repair of a vehicle not due to casualty loss,
 - (6) Educational expenses,
 - (7) Medical care which is not medically necessary, or not the result of injury or disease,
 - (8) Legal expenses,
 - (9) Legal judgments or settlements,
 - (10) Bankruptcy,
 - (11) Separation, divorce or dissolution of marriage, and related loss of income,
 - (12) Repossession, of any personal property,
 - (13) Travel unless related to medical or funeral expense described in 2a(1) or 2a(2) above,
 - (14) Taxes,
 - (15) Debt repayment,
 - (16) Entry of a parent or other adult into the household except for medically necessary expenses of a dependent as described in 2a(6) above,
 - (17) Any other purpose not identified in 2b above.
3. The amount of the withdrawal may not exceed the amount of the participant's financial need, including any amounts necessary to pay any federal, state, or local taxes and any amounts necessary to pay any penalties reasonably anticipated to result from the distribution.
4. In the event a Participant receives a distribution under this Section 5.05, such participant's Deferred Compensation election shall be automatically suspended until reinstated by the Participant.
5. A Participant shall not take an unforeseeable emergency withdrawal from Roth 457(b) assets.



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Deferred Compensation

STATE OF FLORIDA DEFERRED COMPENSATION PLAN

**REQUEST FOR AN UNFORESEEABLE
 EMERGENCY WITHDRAWAL**

Effective Suspension Date ____/____/____
 Deferred Comp Use Only

Section 1 – PARTICIPANT INFORMATION (Please PRINT NAME EXACTLY as reported to your payroll office)

Name (First, MI, Last) _____ SSN* _____

Street Address: _____ Male Female

City: _____ State: ____ Zip: _____ Date of Birth: ____/____/____

Phone Numbers: Home (____) _____ Work (____) _____ Email Address: _____

Please check if this a Name Change Address Change

Do you have an outstanding Deferred Compensation loan? NO YES

*Your disclosure of your social security number or taxpayer identification number is required. Section 112.215 F.S. authorizes the creation of the State of Florida Deferred Compensation Plan, which is intended to qualify for tax deferral pursuant to 26 USC 457. Use of the identifying numbers is mandated by 26 USC 6109. Your social security number or taxpayer identification number will be used as an identifying number for purposes of federal tax law.

Section 2 - UNFORESEEABLE EMERGENCY CATEGORIES

Please check one or more of the following guidelines that pertains to YOU, YOUR SPOUSE or YOUR DEPENDENT

- Out of Pocket Medical, or Funeral Expenses
- Loss of Salary Due to Termination, Illness, or Accident
- Loss of Child Support Payments to Support Dependant Child
- Entry of a Minor Relative, or Ward into the Participant’s Household
- Loss of Property Due to a Casualty
- Foreclosure or Eviction on Primary Residence
- Other Sudden and Unexpected Event pursuant to Section 1.38 or 5.05 of Form DFS-J3-1176

Section 3 - INVESTMENT PROVIDER (IP) INFORMATION

Which IP(s) do you want to withdraw from? Nationwide VOYA VALIC Empower T Rowe Price

Gross amount to be withdrawn Full Partial \$ _____ .00

Section 4 – FEDERAL INCOME TAX INFORMATION

Complete attached W4 Form and return with completed UE Withdrawal Form.

NOTICE: Unforeseeable Emergency withdrawals are paid in a lump sum. All lump sum payments are paid by the investment provider(s) and taxed at 10% unless otherwise indicated on the W4. A request for an Unforeseeable Emergency Withdrawal will result in all contributions being suspended until reinstated by the participant.

Date to restart your contribution: ____/____/____

By signing this application, I hereby acknowledge the following:

- I have exhausted all other sources available to pay the financial hardship described and the amount I requested is only the amount that I reasonably require to satisfy the emergency need.
- My financial hardship cannot be relieved through reimbursement or compensation by insurance or otherwise; a loan or a financial hardship withdrawal from a 401(k) plan (if available); by liquidation of my assets, to the extent such liquidation would not itself cause severe financial hardship; or by cessation of deferrals under the Plan.
- I have attached documentation supporting this request for an emergency withdrawal.
- I understand that these funds are taxable to me in the year that I receive them.
- Emergency Withdrawals are not an eligible Rollover distribution.

Participant Signature _____ Date _____

This request is: APPROVED DENIED

Authorized Deferred Compensation Signature _____ Date _____



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Deferred Compensation

STATE OF FLORIDA DEFERRED COMPENSATION PLAN

Income Statement

Please fill out completely.

Monthly Income

Participant's Net Salary \$ _____
 (attach a copy of current earnings statement)

Spouse's Net Salary _____
 (attach a copy of current earnings statement)

Investment Income _____
 (Real Estate, Stocks, Bonds, etc.)

Other Income _____

Child Support _____

Miscellaneous _____

Total Monthly Income \$ _____

Monthly Expenses (Not Payroll Deducted)

Rent or Mortgage \$ _____

Automobile(s) _____

Utilities _____

Telephone _____

Loans _____

Credit/Charge Cards _____

Insurance _____

Groceries _____

Gasoline _____

Child Care or Support _____

Miscellaneous _____

Total Monthly Expenses \$ _____

Net Overage/Shortage \$ _____

Assets

Cash:

Checking Account \$ _____

Savings Account _____

Investments:

403(B)/401/IRA/SEP _____

Stocks _____

Bonds _____

Mutual Funds _____
 (excluding **Deferred Compensation**)

Precious Metals _____
 (gold, silver, etc.)

Real Estate _____
 (current market value)

Other Investments _____

Other Assets

Automobile _____
 (current market value)

Other: _____

Total Assets \$ _____

Liabilities

Home Mortgage \$ _____

Mortgage on other properties _____

Personal Notes _____

Credit/Charge Cards _____

Automobile Loan(s) _____

Other Debts _____

Total Liabilities \$ _____

* Income and/or expenses may vary from month to month, therefore, please indicate the estimated average.

Withholding Certificate for Pension or Annuity Payments

2021

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2021.

General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2021 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

You can also use the estimator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2021. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

Withholding Certificate for Pension or Annuity Payments

2021

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ▶
- 2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ▶
Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ▶ \$

Your signature ▶

Date ▶

Checklist for Unforeseeable Emergency

You must submit the following documentation for your claim to be processed

Note: For any claim involving a dependent or spouse, you must provide documentation showing their dependence (in the case of a child) or their connection (in the case of a spouse). In most cases this should be the FIRST page of your most recent tax filing showing that you co-file with your spouse or, for dependent children, that you claim them as dependents.

Out of Pocket Medical or Funeral Expenses

- Copies of medical bill showing what you are responsible for paying or copies of funeral bills showing your responsibility.
- For funeral expenses, an obituary or funeral program identifying the immediate family member may be submitted.

Loss of Salary Due to Termination, Illness, or Accident

- Doctor's statement verifying that you cannot work (include approximate length of time)
- Employer verification of leave without pay (include length of time or number of total hours) or Letter of Termination.
- Any amounts received from worker's compensation or from unemployment compensation must be identified. In addition, provide letter of acceptance or denial for either.
- Most recent earnings statement/last full pay statement.

Loss of Property Due to a Casualty

- Proof of ownership of the property
- Actual professional billing or estimate for repair or replacement of property with cause of damage
- Insurance coverage & any insurance monies received

Loss of Child Support Payments to Support Dependant Child

- Current court documentation showing arrearage of child support payments

Entry of Minor Relative or Ward into the Participant's Household

- Legal documentation showing custody or temporary custody
- Notarized estimated breakdown of monthly expenses incurred from entry of Minor Relative or Ward
- Notarized letter showing proof of incarceration, death or illness of the minor's parent(s)

Foreclosure OR Eviction on PRIMARY residence

- Foreclosure notice with amount in arrearage
- Eviction notice with amount in arrearage