

REQUEST FOR INSERVICE WITHDRAWAL

UNFORESEEABLE EMERGENCY WITHDRAWAL INFORMATION

UNFORESEEABLE EMERGENCY INFORMATION & REQUIREMENTS

An unforeseeable emergency distribution is a distribution of funds from your 457 account due to a severe financial need. Four circumstances are deemed by the IRS to constitute a severe financial need:

- Illness, accident or medical expenses of the participant, the participant's beneficiary, or the beneficiary's spouse or dependent.
- Property loss caused by casualty (for example, damage from a natural disaster not covered by homeowner's insurance) of the participant or the beneficiary.
- Funeral expenses of the participant, beneficiary, or dependent.
- Imminent foreclosure of or eviction from the participant's primary place of residence.

Other requirements particular to unforeseeable emergency distributions are:

- The amount of the unforeseeable emergency distribution cannot exceed the amount of the immediate and heavy financial need.
- Unforeseeable emergency distributions can only be made from employee contributions and cannot be made from earnings on those contributions.
- You are not required to resume salary reductions, and may submit a Salary Deferral Change Form at any time to stop further deferrals.

Particular requirements and examples of supporting documentation for each of the categories are listed below.

1. Medical expenses for the employee, spouse, dependents or beneficiary.

REQUIREMENTS:

Expenses must not be covered by insurance. If the participant is not the recipient of the medical care, documentation showing the relationship must be provided (e.g. copy of federal tax return; marriage certificate)

SUPPORTING DOCUMENTATION:

- Medical bill dated within the last 3 months showing the amount due
- Explanation of benefits from your insurance company dated with 3 months
- Notice from collection agency dated within 3 months
- Estimate of treatment costs from your doctor dated within 3 months

2. Repair of damage to the employee's principal residence

REQUIREMENTS:

Expenses must be for the repair of damage caused by an event that is sudden or unexpected. (Home improvements do not qualify)

SUPPORTING DOCUMENTATION:

- Contractor's estimate or bill showing the cause of damage and cost of repair and dated within last 3 months
- Explanation of insurance benefits showing any repairs not covered by insurance

3. Burial or funeral expenses for the employee's parent, spouse, dependents or beneficiary

SUPPORTING DOCUMENTATION:

- Documentation demonstrating the relationship must be provided (e.g. copy of death certificate; copy of federal tax return, copy of participant birth certificate)
- Statement from the funeral home showing the related costs and services
- Statement from cemetery for burial costs

4. Payments necessary to prevent eviction from or foreclosure related to the employee's primary residence

REQUIREMENTS:

The eviction date or date for payment must not have passed

SUPPORTING DOCUMENTATION:

- Eviction notice showing the monthly rental amount and amount necessary to prevent eviction
- Notice of delinquency showing the amount of past due rent
- Foreclosure notice from the mortgage company showing the amount that is past due
- Notice from the mortgage company showing the amount past due in mortgage payments and payment deadline to avoid foreclosure
- Court order indicating foreclosure and an amount that is necessary to prevent foreclosure and payment deadline date

(Please use black ink only.)

PARTICIPANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ SSN: _____

Birth Date: _____ Marital Status: _____ Branch/Division: _____

I. WITHDRAWAL TYPE

[] UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST

Alternative Option Confirmation

1. Will suspending your current elective deferrals to your 403b or 457 accounts alleviate your unforeseeable emergency? Yes No
2. Are there distributions available to you under the Plan or any other plans maintained by your employer that will alleviate the unforeseeable emergency? Yes No
3. Can you receive reimbursement from insurance or other sources to pay these expenses? Yes No
4. Can you secure a commercial loan to pay these expenses? Yes No
5. Can you liquidate assets to pay these expenses? Yes No
6. Are you eligible to take a loan from any 457 account or any other retirement plans offered by your employer? Yes No

If yes to Item 6, you must take any eligible loans before requesting an Unforeseeable Emergency Distribution unless doing so would result in an additional financial hardship. If this is the case, please explain below how taking out a loan would present an additional hardship.

Hardship Circumstances

As permitted by the Oklahoma County 457 Plan, I elect to withdraw the following portion of my Account under the Plan because of an unforeseeable emergency for the reason checked: Please refer to the Unforeseeable Emergency Information and Requirements Notice.

- Medical care expenses previously incurred by the employee, the employee's spouse, any dependents of the employee, or the employee's primary beneficiary under the 457 plan, necessary for these persons to obtain medical care and not otherwise covered by insurance payments (you must provide supporting documentation, e.g. doctor's certification, hospital bills, explanation of benefits by insurance company).
- Certain expenses relating to the repair of damage to the employee's principal residence. Expense MUST qualify as a casualty loss under Code Section 165. The amount can be determined without regard to whether the loss exceeds 10% of adjusted gross income (you must provide supporting documentation, e.g. proof of loss, contractor's estimates, insurance adjuster's estimates).
- Payment of funeral expenses for the employee's spouse, dependent, or primary beneficiary under the 457 plan (you must provide supporting documentation certifying relationship and applicable expenses, e.g. death certificate, from funeral home bill).
- Payment necessary to prevent eviction of the employee from the employee's principal residence or foreclosure of the mortgage on that residence (you must provide supporting documentation, e.g. bank's foreclosure notice and notices must be notarized).
- Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the employee.

Reason for request: _____

I understand my election is irrevocable and the Trustee of the Plan will hold the portion of my Account which I am not withdrawing until I otherwise would receive a distribution of my account under the Plan, generally upon my termination of employment.

AMOUNT NEEDED FOR EMERGENCY \$ _____

\$ _____ from my Roth 401(k) account balance \$ _____ from my non-Roth account balance

Request for In-service Withdrawal Form

[] WITHDRAWALS UPON ATTAINMENT OF AGE 70 ½

The Plan allows you to withdraw funds from your Account balance upon attainment of age 70 ½.

- I have attained age 70-1/2 and wish to withdraw the following amount:
 - The maximum amount available to me.
 - \$_____ Indicate your withdrawal amount
\$_____ from my Roth 401(k) account balance \$_____ from my non-Roth account balance

[] DE MINIMIS EXEPTION

The Plan allows you to make a one-time election to receive a lump sum distribution of your entire Account provided (i) your Account does not exceed \$5,000; (ii) you have not made or received an allocation of any deferral contributions under the Plan during the two-year period ending on the date of the distribution; and (iii) you have not received a prior Plan distribution under this de minimis exception.

- I wish to withdraw a lump sum distribution of my entire Account balance (not to exceed \$5,000).

[] SELF DIRECTED BROKERAGE ACCOUNT

Do you have a Self-Directed Brokerage Account? No Yes
(If "Yes", complete the Distribution Instructions for Self-Directed Brokerage Account Form.)

SECTION II: PARTICIPANT AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I have read the **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I fully and willingly assume any and all liabilities for such disbursement, including but not limited to any tax consequences; and I waive any and all right(s) to legal action regarding this issue against Oklahoma County, the Oklahoma County Retirement Board of Trustees, BOK Financial and its affiliated companies, and/or its members personally or individually. I understand that I am executing this Authorization, Release and Acknowledgement voluntarily and of my own free will.

Participant's Signature _____ Date _____

Plan Administrator Authorization – This section must be completed by the Oklahoma County Benefits and Retirement Department's Office authorizing payment of plan benefits.

Vesting Percentage: _____% Date Received by Oklahoma County _____

Employer's Signature _____ Date _____

RETURN THIS COMPLETED FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

**Oklahoma County Benefits & Retirement Department
320 Robert S. Kerr Avenue, Room 220
Oklahoma City, OK 73102**

DIRECT DEPOSIT AUTHORIZATION (ACH TRANSFER)

IMPORTANT: In an effort to avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within **24 hours** of attempting to contact you, a check will be issued as the default payment method.

INSTRUCTIONS FOR DIRECT DEPOSIT INTO BANK ACCOUNT

PARTICIPANT'S NAME: _____ SSN: _____

NAME OF FINANCIAL INSTITUTION: _____

BRANCH / ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

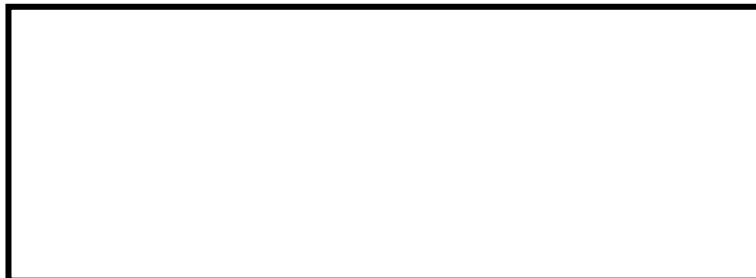
BANK PHONE: (____) _____ TYPE OF ACCOUNT Checking Savings

ABA / ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Please call your bank for verification)

A VOIDED CHECK (checking account) OR DEPOSIT SLIP (savings account) MUST BE ATTACHED.
The following preprinted information must be included: participant's (or alternate payee's) name and address.
PLEASE NOTE that if this information is not received, then a check will be issued.



AUTHORIZATION

I hereby authorize payment using an automatic transfer by ACH to my account named above. The name on the check must match the participant's (or alternate payee's) signature. **NOTE: This option is not available for rollover distributions.**

SIGNATURE

DATE