

# Unforeseeable Emergency Form

## FICA Alternative Retirement Plan

Submission of this form initiates the processing of distributions from the plan.

All items on the form must be completed for the distribution to be processed.

Employee Name	Social Security Number	District or Institution
Mailing Address (Street)	Date of Birth	Home Phone Number
(City, State, Zip)	Marital Status	Business Phone Number
	<input type="checkbox"/> Single <input type="checkbox"/> Married	

### UNFORESEEABLE EMERGENCY WITHDRAWAL PROVISIONS

The plan permits unforeseeable emergency<sup>1</sup> withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan that the reason for the withdrawal complies with the applicable requirements under the Internal Revenue Code and that such unforeseeable emergency imposes an immediate and heavy financial burden upon such participant. Unforeseeable emergency withdrawals are limited to bona fide financial emergencies as determined by the Plan. An unforeseeable emergency withdrawal cannot be applied for until all other asset liquidation and credit options (including loans from 401(k) Plan) have been exhausted.

You will need to consult with your financial advisor to determine if there will be a 10% early withdrawal penalty when you file your taxes for the year in which the unforeseeable emergency withdrawal was taken.

#### AMOUNTS AVAILABLE FOR WITHDRAWAL

If you have a qualified unforeseeable emergency, you may withdraw the amount necessary to meet the need created by the hardship, subject to reduction by any other assets you have available from any other source to meet the hardship.

#### NATURE AND DESCRIPTION OF UNFORESEEABLE EMERGENCY

In the space provided below, indicate the nature of the unforeseeable emergency for which you are requesting a withdrawal from the Plan. You may attach additional pages if more space is needed. You may also attach any documents, which you feel would help prove that you have a financial hardship.

---



---



---



---



---



Kazdon, Inc.  
 P.O. Box 29927 · Austin, Texas 78755-6927  
 phone (512) 345-0404 · fax (512) 340-0406  
[www.kazdon.com](http://www.kazdon.com)

# Unforeseeable Emergency Form (Cont'd)

## FICA Alternative Retirement Plan

### 1. Unforeseeable Emergency

At its discretion and if so provided in the Adoption Agreement, the Administrator may permit a Participant to make in-service withdrawals from his Accumulation Account in the event the Participants is face with an unforeseeable emergency.

**An unforeseeable emergency means:**

- Severe unforeseeable financial hardship to a Participant form a sudden and unexpected illness or accident of a Participant or of a dependent (as defined in Code Section 152(a) of a Participant:
- Loss of a Participant's property due to a casualty: or
- Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of a Participant. Notwithstanding the proceeding, the amount distributed shall not exceed the amount reasonably necessary to satisfy the emergency need. In addition, distributions shall not be made to the extent that the hardship described herein is or may be relieved (1) through reimbursement or compensation by insurance or otherwise: (2) by liquidation of a Participant's assets (to the extent the liquidation of such assets would not result in severe financial hardship): or (3) by not making Deferrals under the plan. An unforeseeable emergency does not include a Participant's need to send a child to college, cosmetic, taxes, or the desire to purchase a home.
- The participant will stop contributions for (6) months in accordance with IRS regulations.

### CERTIFICATION OF UNFORESEEABLE EMERGENCY

I have read and I understand this application for unforeseeable emergency withdrawal. I hereby request a withdrawal in the amount of \$ \_\_\_\_\_. I hereby certify that I do not have any other source of assets, which can be liquidated to meet the financial unforeseeable emergency outlined above. I consent to the immediate distribution of the withdrawal to me in single sum cash payment. I declare under penalty of perjury under the laws of the state of \_\_\_\_\_ that the information I have supplied on this application for the unforeseeable emergency withdrawal is true and complete in all respects.

This application was signed at:

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

### FOR TRUSTEE USE ONLY:

This Unforeseeable Emergency Withdrawal Application has been approved by the Trustee(s) of the Plan.

\_\_\_\_\_

Trustee Signature (Required)

\_\_\_\_\_

Date

Additional Information or Comments:

**Unforeseeable Emergency Form must be submitted with a Distribution Form to be process**