

SELF-CERTIFICATION  
UNFORESEEABLE EMERGENCY WITHDRAWAL APPLICATION

**PERSONAL INFORMATION** (please print clearly using black or blue ink)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
(last 4 digits only)

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTIONS**

1. Review the Unforeseeable Emergency Requirements to determine if you are ELIGIBLE to take an unforeseeable emergency withdrawal.
2. Choose AMOUNT type, AMOUNT requested, WITHHOLDING, GROSS UP and DELIVERY METHOD.
3. Indicate REASON, SIGN and MAIL your form for processing.
4. All checks issued by Voya Financial are mailed to your current address on record. Before submitting this form, please contact a Customer Service Associate or go online to verify that the Plan has your current address. Failure to do so may result in your check being mailed to an incorrect address. The contact information is available on the last page of this form. If the address on record is incorrect, please contact your employer to update your current address and verify that the Plan has been updated prior to submitting this form.
5. Request for a Self-Certification Unforeseeable Emergency Withdrawal is limited to one every two years in an amount of \$2,500.00 or less. If you have already completed a Self-Certified Unforeseeable Emergency Withdrawal or your request is more than \$2,500, you can complete the Unforeseeable Emergency Withdrawal form or go Online and request the Unforeseeable Emergency Withdrawal in your plan account.

**PLEASE NOTE: AN INCOMPLETE APPLICATION WILL CAUSE A DELAY IN RECEIVING YOUR PAYMENT.**

**UNFORESEEABLE EMERGENCY REQUIREMENTS**

1. The amount of the withdrawal cannot exceed the amount necessary to relieve the severe financial hardship. However, you may increase the amount to pay the taxes and penalties that you may incur as a result of the unforeseeable emergency withdrawal.
2. IRS allows unforeseeable emergency withdrawals only when other financial resources are not reasonably available. Since other distributions from the plan are considered other resources, you should take them from all plans maintained by the employer first, if available. If you have any questions regarding other available resources, please contact a Customer Service Associate or go online. The contact information is available on the last page of this form.
3. Only 1 hardship may be processed per 24-month period.

**CHOOSE AMOUNT TYPE AND AMOUNT REQUESTED**

**Amount Type:** Depending on your account type, you may have the option to elect payment from the designated Roth account(s). (choose one):

- I do not elect to receive an unforeseeable emergency withdrawal from my designated Roth account(s).
- I elect to receive an unforeseeable emergency withdrawal from my designated Roth account(s). I understand that my withdrawal request will be satisfied by first liquidating my non-Roth account(s) and then my Roth account(s).
- I elect to receive an unforeseeable emergency withdrawal from my designated Roth account(s). I understand that my withdrawal request will be satisfied by first liquidating my designated Roth account(s) and then my non-Roth account(s).

**Note:** If you do not elect an option above, we will not withdraw from the designated Roth account. If you elect to withdraw from your designated Roth account(s) and do not have one, we will withdraw from the non-Roth account(s).

**Amount Requested:** Withdraw the following (choose one):

- Maximum available** (not to exceed amount documented) OR  \$ \_\_\_\_\_ (indicate the total dollar amount)

**Note:** If your available unforeseeable emergency withdrawal amount based on your current account balance is less than the financial need specified above, the unforeseeable emergency will be processed up to the maximum amount available. If you elected an additional tax withholding, we will process using the default withholding rate of 10% for federal taxes and the required state tax, if applicable.

If you elected an additional tax withholding and did not elect to gross up, we will process using the default withholding rate of 10% for federal taxes and the required state tax, if applicable.

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**FEDERAL AND STATE INCOME TAX WITHHOLDING WITH GROSS UP ELECTION**

**TAX WITHHOLDING ELECTIONS**

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W4, W-4P, W-4R, as appropriate. U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding or choose withholding that is less than the default. In this case, if you choose no withholding or withholding that is less than the default, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

**FEDERAL WITHHOLDING RULES**

**Non-periodic payments - 10% withholding:** Non-periodic, non-rollover eligible payments from pensions, annuities, IRAs and life insurance contracts are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include, for example, required minimum distributions, hardship withdrawals, and distributions from IRAs that are payable on demand. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate as a total percentage (no decimals), for example 15%. Dollar amounts are not allowed. You may also submit IRS Form W-4R to make this election. Alternatively, you may request withholding that is less than 10% and more than 0% by submitting IRS Form W-4R with this withdrawal form. To obtain Form W-4R, please go to the [www.IRS.gov](http://www.IRS.gov) website or call 800-829-3676. Form W-4R also contains Marginal Rate Tables that can be used as a guide to determine how much to have withheld from your payment.

**FEDERAL WITHHOLDING INSTRUCTIONS** (If you do not check any of the boxes below or provide a Form W-4R, then we will withhold based on the IRS default.)

- DO NOT** withhold any federal income tax unless mandated by law.
- DO** withhold federal taxes at the default percentage or at the following percentage (no decimals) that is different than the standard withholding and **greater than 0%: \_\_\_\_\_0%.**

**STATE WITHHOLDING INSTRUCTIONS**

- DO** withhold state taxes in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_% (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)
- DO NOT** withhold any state income tax unless mandated by law.

**Note:** If no state withholding election is checked above or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to your plan's website and/or your State Department of Taxation for details.

**GROSS UP ELECTIONS**

You may elect to increase the amount of your withdrawal so that the check you receive will be for the amount you requested after your elected tax withholding are withheld. This is called gross up. If there are no changes to the tax withholding elections above, and you elect to gross up, your withdrawal amount will be increased to cover the default withholding rate of 10% for federal taxes and the required state tax, if applicable. Please choose from each gross up options below:

*For example: If your stated withdrawal need was \$1,000, you elected to gross up and have 10% + \$100 withheld for federal taxes, the \$1,000 pre-tax withdrawal amount could be increased to \$1,222.22. You would receive a net check amount of \$1,000; the additional \$222.22 (10% + \$100 of \$1,222.22) would be sent to the IRS to pay taxes. You may only increase the withdrawal amount if there are sufficient funds available in your account.*

**Gross up for state:**  Yes  No                      **Gross up for federal:**  Yes  No

**Note:** If no gross up election is checked above, we will not gross up your withdrawal.

**HOW WOULD YOU LIKE TO RECEIVE YOUR WITHDRAWAL?** (select one only)

**Once the unforeseeable emergency withdrawal is approved and processed, the funds will be available within 2 - 3 business days for distribution.**

- First class mail at no additional charge.**
- Expedited delivery.** I understand I will pay a nonrefundable fee of \$50 which will be deducted from my account.
- Direct Deposit**  
**Note:** You must already have banking information on file with the Plan for at least 7 days in order for this payment to be deposited to your bank. To update Banking Information, go to the Personal Information section of your online account.

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**REASON FOR UNFORESEEABLE EMERGENCY WITHDRAWAL AND CHECKLIST**

You must retain the below required documents to support your reason to substantiate both the nature and the amount of the severe financial hardship in the event of an audit. The following circumstances are considered for severe financial hardship under the Plan. If you have any questions about the qualifying reasons for an unforeseeable emergency withdrawal, please contact a Customer Service Associate before proceeding. The contact information is available on the last page of this form.

REASON	REQUIRED DOCUMENTATION AND INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION	UNACCEPTABLE REASONS/ DOCUMENTATION
<input type="checkbox"/> <b>Unreimbursed medical expenses for medical care previously incurred or anticipated by:</b> You Your spouse Your child Your dependent <sup>1</sup> Your beneficiary <sup>2</sup>	<ul style="list-style-type: none"> <li>• Explanation of Benefits (EOB) from provider dated within the past 12 months that reflects the amount paid by the insurance company and reflects the amount owed by the insured, <b>OR</b></li> <li>• A bill from provider dated within the past 12 months that indicates the amount still owed and indicates the costs not reimbursed by the insurance company, <b>OR</b></li> <li>• A bill from provider dated within the past 12 months that indicates the amount still owed, and the Explanation of Benefits (EOB) from provider dated within the past 12 months that reflects the amount paid by the insurance company and the amount owed by the insured, <b>OR</b></li> <li>• A bill dated within the past 12 months that indicates the amount still owed, and a letter written and signed by me to certify that I do not have insurance.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical bills that do not show portion paid by insurance</li> <li>• Collection agency notices</li> <li>• Bills already paid</li> </ul>
<input type="checkbox"/> <b>Repair of principal residence, that would qualify as a casualty deduction under the Internal Revenue Code, such as a fire or storm</b>	<ol style="list-style-type: none"> <li>1) Letter explaining what caused the casualty, <b>and</b></li> <li>2) Statement from your insurance company stating the loss is not covered, <b>and</b></li> <li>3) Billing statement or cost estimate</li> </ol> <p><b>The above documents must:</b></p> <ul style="list-style-type: none"> <li>• be dated within last 4 months, <b>and</b></li> <li>• reflect the amount necessary to repair principal residence, <b>and</b></li> <li>• include the property address, <b>and</b></li> <li>• have a future payment due date</li> </ul>	<ul style="list-style-type: none"> <li>• General estimate for repair (no property address, not dated or amount owed)</li> <li>• Routine maintenance, remodeling, additions, non-attached buildings and garages</li> <li>• Bills already paid</li> </ul>
<input type="checkbox"/> <b>Prevention of mortgage foreclosure or eviction from your principal residence</b>	<ol style="list-style-type: none"> <li>1) Proof of pending foreclosure or pending eviction               <ul style="list-style-type: none"> <li>• Tax lien, <b>or</b></li> <li>• Bank/mortgage statement, <b>or</b></li> <li>• Letter from bank/mortgage company, <b>or</b></li> <li>• Letter from landlord on company letterhead or notarized, <b>or</b></li> <li>• Copy of the court document substantiating the eviction or foreclosure legal proceedings</li> </ul> <p><b>The above documents must:</b></p> <ul style="list-style-type: none"> <li>• be dated within last 4 months, <b>and</b></li> <li>• reflect the amount necessary to prevent eviction/ foreclosure, <b>and</b></li> <li>• contain eviction/foreclosure date. This date must be in the future, <b>and</b></li> <li>• include the property address, <b>and</b></li> <li>• have a future payment due date</li> </ul> </li> <li>2) If the current address on record is a PO Box, a document from a municipal or government agency providing proof of physical address.                (Example: Utility bill or drivers license)</li> </ol>	<ul style="list-style-type: none"> <li>• IRS tax liens that do not specify address of property to be foreclosed</li> <li>• Late payment statements that do not threaten eviction or foreclosure</li> <li>• Lease agreements</li> <li>• Bills already paid</li> <li>• Court, attorney and late fees on the unlawful detainer</li> </ul>
<input type="checkbox"/> <b>Funeral/Burial expenses for:</b> Your spouse Your child Your parent Your dependent <sup>1</sup> Your beneficiary <sup>2</sup>	<ol style="list-style-type: none"> <li>1) Copy of death certificate, <b>and</b></li> <li>2) Funeral/burial statement which must:               <ul style="list-style-type: none"> <li>• reflect name of deceased, <b>and</b></li> <li>• reflect date of services provided within the past 90 days, <b>and</b></li> <li>• reflect your name as individual billed, <b>and</b></li> <li>• include itemized funeral/burial expenses, <b>and</b></li> <li>• have a future payment due date</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Pre-purchase of lot or headstone</li> <li>• Bills already paid</li> </ul>
<input type="checkbox"/> <b>Lost income (Illness, Accident, or Layoff)</b> You Your spouse Your dependent <sup>1</sup>	<ol style="list-style-type: none"> <li>1) Last paystub and W2 from previous year, <b>and</b></li> <li>2) Letter from employer on letterhead and dated within the last 12 months</li> </ol> <p><b>Must Indicate:</b></p> <ul style="list-style-type: none"> <li>Reason employment ended</li> <li>Last date of employment</li> <li>Average amount of hours worked per week (including overtime)</li> <li>Hourly wage at the time employment ended, and, if needed,               <ul style="list-style-type: none"> <li>Date leave began</li> <li>Any unemployment/LTD stubs</li> <li>Proof of dependency</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Letter not on letterhead</li> <li>• Lost wages older than one year</li> <li>• Lost wages from disciplinary action</li> </ul>

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**REASON FOR UNFORESEEABLE EMERGENCY WITHDRAWAL AND CHECKLIST (CONT)**

**If you selected a severe financial hardship for your dependent or your beneficiary:**

<sup>1</sup>A dependent is anyone who meets the definition of a Qualifying Child or Qualifying Relative as described in Section 152 of the Internal Revenue Code, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof.

<sup>2</sup>Your beneficiary must be designated the primary beneficiary of your account.

By checking this box, I hereby certify that the person(s) I am requesting funding for would be considered as a dependent<sup>1</sup> or beneficiary<sup>2</sup> as stated above. If this box is not checked, I understand my unforeseeable emergency request will be rejected.

**AUTHORIZATION**

**I hereby certify that:**

1. My request for an Unforeseeable Emergency Withdrawal from the Plan arises from events beyond my control.
2. I possess valid documentation that substantiates my Unforeseeable Emergency Withdrawal amount requested, and it accurately reflects my outstanding severe financial need.
3. I have exhausted all other means available and meet the Plan requirements.
4. To the best of my knowledge and belief the information I provided, including the Social Security Number or Taxpayer Identification Number, is accurate and complete and the documents I possess are valid and complete and have not been altered or manipulated in any manner.
5. I understand that I must retain all supporting documentation to substantiate my Unforeseeable Emergency Withdrawal request and may be asked to provide such documentation if I am audited by the Internal Revenue Service regarding this request.

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

- Verified that the Plan has your current address
- Reviewed and completed the Unforeseeable Emergency Requirements to determine if you are **ELIGIBLE** to take an unforeseeable emergency withdrawal
- Indicated your **TYPE, AMOUNT, TAX WITHHOLDING** and **GROSS UP ELECTIONS**
- Selected **DELIVERY METHOD**
- Selected a **VALID REASON** for the withdrawal
- Confirmed that you have first exhausted all distributions (other than hardship withdrawals) from all plans maintained by the employer
- Retained the **REQUIRED DOCUMENTATION** for your records
- Provided authorized **SIGNATURE**

**If you have any questions or need to obtain additional plan or account information, please go online at [dcp.varetire.org](http://dcp.varetire.org) or call the VRS Defined Contribution Plans Service Center at 1-877-327-5261 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 9:00 P.M. Eastern Time (excluding stock market holidays).**

**If your application is complete, please mail or fax the application to:**

**VIA FAX**

Voya Financial  
Attn: VRS Defined Contribution Plans  
1-844-833-4545

**VIA MAIL**

Voya Financial  
Attn: VRS Defined Contribution Plans  
P.O. Box 389  
Hartford, CT 06141

**VIA OVERNIGHT DELIVERY**

Voya Financial  
Attn: VRS Defined Contribution Plans  
One Orange Way  
Windsor, CT 06095