

## Arkansas Diamond Deferred Compensation Plan Unforeseeable Emergency Withdrawal Request

### **PART 1- PARTICIPANT INFORMATION**

Name	Social Security Number
Home Address	Date of Birth
City	State
Zip Code	Home Telephone Number

### **PART 2- HARDSHIP WITHDRAWAL TYPE AND SUPPORTING DOCUMENTATION**

**My Emergency Hardship is due to one of the following circumstance(s):**

- Uninsured Medical Expenses (Includes Spouse)
- Lost Wages due to illness, accident or layoff. (Includes Spouse)
- Loss of property due to casualty not reimbursed by insurance (Storm, Fire, and Earthquake)
- Prevention of mortgage foreclosure or eviction from principal residence
- Funeral Expenses (Legal Dependent)
- Extraordinary Circumstances, beyond your control

**WHAT MUST I ATTACH TO THE APPLICATION?**

REASON	REQUIRED DOCUMENTS	INFORMATION THAT MUST BE REFLECTED
<b>Uninsured Medical Expenses</b>	Explanation of Benefits (EOB) or Medical bill from Provider and <i>Proof of Dependency*</i> if needed	Must be dated within the past 12 months and Must reflect the amount paid by insurance and Must reflect the amount owed by the insured
<b>Lost Income</b> (Illness/ Accident/ Layoff)	Last paystub and Letter from Employer and <i>Proof of Dependency*</i> if needed	Letter from employer must be on official letterhead and dated within the last 12 months and must indicate: Reason employment ended The last date of employment The average amount of hours worked per week (not including overtime) The hourly wage at the time employment ended
<b>Uninsured Loss of Property</b> (Storm/ Fire/ Earthquake)	Repair Billing Statement and Letter from Insurance Company	Repair bill must be dated within the past 6 months and Must reflect the amount necessary to repair principal residence Letter from Insurance Co. must indicate how much/ if any of the repairs are covered
<b>Prevention of Foreclosure/ Eviction</b>	Foreclosure notice from Mortgage Co., or Eviction notice/ Letter from landlord, or Copy of court document substantiating the eviction or foreclosure legal proceedings	Must be dated within the past 30 days, and Must reflect the amount necessary to prevent eviction/foreclosure, and Must threaten eviction or foreclosure, and Document must include an eviction/ foreclosure date in the future, and Must be received by our office before the due date
<b>Funeral Expenses</b>	Funeral/ Burial billing statement, and <i>Proof of Dependency*</i>	Must reflect name of deceased, and Must reflect date of services provided within the past 12 months, and Must reflect your name as individual billed, and Must include itemized funeral/burial expenses
<b>Extraordinary Circumstances</b>	Letter of Explanation Any applicable bills or supporting documentation	All documents must be dated current, and Must have a dollar amount due printed on each bill
<b>*Proof of Dependency</b>	Prior years Federal Income Tax Forms	Must list person you are submitting a claim for as a dependent
<p><b>MAIL TO:</b>            ING PLAN ADMINISTRATION            ATTN: STATE OF ARKANSAS            PO BOX 58028            JACKSONVILLE, FL 32241-8028</p>		

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**PART 3- HARDSHIP ELECTIONS**

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Please process a withdrawal in the amount of \$ \_\_\_\_\_.

State and Federal Withholding Election:

State income tax (if applicable) must be withheld on the taxable portion of your distribution.

No state tax will be withheld if the state you live in does not require deduction.

10% federal income tax will be withheld on all money distributed to you from our pre-tax account unless you elect otherwise. If you elect not to have withholding apply, or if you do not have enough federal income tax withheld, you may be responsible for payments of estimated tax. You may incur penalties under the estimated tax payment rules if your withholding and estimated tax payments are not sufficient.

Indicate your desired Federal Income tax withholding:

- 10%
- 0%
- Other % \_\_\_\_\_

*Please note the taxes will be withheld and your payment will be net of taxes.*

**PART 4- PARTICIPANT AUTHORIZATION**

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By signing this application, I hereby acknowledge the following:

- I have exhausted all other sources available to pay the financial hardship described above and the amount I requested is only the amount that I reasonably require satisfying 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 all required documentation supporting this request for an emergency withdrawal as outlined in Part 2 of this application.
- **I understand that these funds are taxable to me in the year that I receive them.**
- **Emergency Withdrawals are not an eligible Rollover distribution.**

I attest that the information provided on this form is true. I understand that I may be subject to civil and criminal liability for any false statement on this form or any papers attached or related to this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please allow 5 to 7 business days after mailing. Access the web site at <http://myplan.csplans.com> and review transaction history for the withdrawal date. You will need your PIN. Checks are mailed 2 days after we post the withdrawal to your account.**

**To expedite, overnight mail address is One Heritage Drive, Joseph Palmer Bldg, North Quincy, MA 02171 Attn State of Arkansas PA Team**