

**KNOX COUNTY EMPLOYEE BENEFIT SYSTEM  
DEFERRED COMPENSATION PLAN  
APPLICATION FOR UNFORESEEABLE EMERGENCY DISTRIBUTION**

Please complete each section.

**Part 1 EMPLOYEE INFORMATION**

Employee Name			Social Security No.	
Street			Date Of Employment	
City	State	Zip Code/Postal Code	Country	Date Of Birth
Daytime Phone		Email Address		Company Division or Location

**Part 2 AMOUNT OF WITHDRAWAL**

I wish to withdraw \$ \_\_\_\_\_ from my account under the Plan named above.

**Part 3 PAYMENT OPTION (choose one)**

Direct Deposit (complete attached Direct Deposit form)       Check (Do you want to pick up your check)  Yes  No

**Part 4 DESCRIPTION OF UNFORESEEABLE EMERGENCY**

I am applying for an unforeseeable emergency distribution as a result of the following and have attached documents (e.g. medical invoices, legal notices, etc.) in support of such financial need (please check one):

- Illness or Accident of the Participant, or the Participant's Spouse, Child, or Dependent
- Imminent Eviction from or Foreclosure on Participant's Principal Residence
- Funeral Expenses for Participant's Deceased Spouse, Child or Dependent
- Expenses for Repair of Damage to Participant's Principal Residence due to Casualty

If my application is approved, I understand that my Plan account will be reduced by the amount I receive.

**Part 5 FEDERAL INCOME TAX WITHHOLDING**

***Unforeseeable Emergency Withdrawals are subject to 10% withholding for Federal income tax purposes.***

You may elect NOT to have 10% withholding apply to your distribution. However, even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. If you do NOT want withholding to apply to your distribution, please indicate by checking the box below:

I **DO NOT** wish to have 10% withheld from my distribution.

**Part 6 STATE INCOME TAX WITHHOLDING**

*(Note: If you reside in a state that does not have state income tax, please skip this Part.)*

The taxable portion of your payment may also be subject to STATE income tax. If state income taxes are not withheld from your payment, you are liable for any state income tax on the taxable portion of your payment. In certain states, you may also be subject to penalties under estimated tax payment rules. If you do not complete this Part, state income tax will only be withheld if required by the state and at the state's withholding default rate. You will need to provide any *required* state withholding forms for your *election of withholding or election out of withholding*. (For tax information pertaining to your resident state, please contact your tax advisor or your state income tax department.)

- I reside in a state that requires state income tax to be withheld from the taxable portion of payments where federal income tax has been withheld. I understand that state income taxes will be withheld at the statutory income tax rates unless I notify you otherwise. I also understand that certain states may allow me to elect out of state withholding.

I hereby elect out of mandatory state withholding. I understand that my state must allow for this election.

- I reside in a state that does not require state income tax to be withheld from the taxable portion of payments where federal income tax has been withheld, but allows me to request income taxes to be withheld. I hereby make a voluntary election to have:

\$ \_\_\_\_\_ .00 withheld for state income tax. **OR** \_\_\_\_\_ % withheld for state income tax.

**Part 7 EMPLOYEE AUTHORIZATION**

*I hereby certify as follows:*

1. The distribution I have applied for is not greater than the amount needed to satisfy the need I've checked above.
2. I've obtained all distributions, and all nontaxable loans available under all plans of my employer.
3. The unforeseeable emergency I have indicated above cannot be relieved by any of these actions:
  - Reimbursement or compensation by insurance or otherwise;
  - Reasonable liquidation or selling-off of my assets (including the assets of my spouse and minor children) to the point that the liquidation itself would not cause an immediate and heavy financial need;
  - Ceasing my annual deferrals to the Plan; or
  - Other distributions or loans from any other qualified retirement plan, or by borrowing from a bank, credit union, or other commercial source on reasonable commercial terms.

Participant Signature	Date
Plan Administrator Authorization	Date