RSA-1 EMERG 07/11

Seal

FINANCIAL HARDSHIP DISTRIBUTION REQUEST RSA-1 DEFERRED COMPENSATION PLAN

Name _									
	First	Middle/Maiden	Las	t					
Address Street or P. O. Box									
	City		State	Z	ip Code				
0	N	Discount of the	D. ((.D.) ()						
Social	security No.	Phone Number	Date of Birth	Month	Day	Year			
Employ	er's Name and Address								
plans is Regulati read the	required for the plan to ions, the tax benefits of th	arties to the Internal Revenue Code and Roperation of the plan is not operation of the plan is not operation of the plan can be denied to all participants in the plan can be Regulations contained on the pes.	nted in compliance with the In the plan. For this reason, the p	iternal Rev Participant	renue Co should	ode and carefully			
Under t	he penalties of perjury,	I make ALL of the following certifications re	garding this distribution reques	t:					
•	I have read the explanat	ion on the reverse side of this form;							
•	I am requesting this dist	ribution because I am faced with an unfores	seeable emergency beyond my	control;					
•	I have described in full t documentation;	he nature of my emergency on the reverse	side of this form and attache	d the requ	ired sup	porting			
•	I realize that Internal Resatisfy the emergency no	evenue Code Regulations state that the areed;	nount withdrawn cannot excee	d the amo	unt nece	ssary to			
•	I realize that I must stop deferrals for a six (6) month period due to this emergency withdrawal, and I have completed an "Authorization to Defer" form stopping my deferrals for this six (6) month period and have filed that form with my payroll officer; a copy of this form must be submitted with this request and returned to RSA-1;								
•	I have exhausted all other sources of funds and liquidated all available assets to satisfy this emergency need;								
•	This emergency need is	not covered by insurance; and							
•		information, I, the undersigned, make ne amount of \$	application for a hardship d	istribution	of my	deferred			
Signati	ure of RSA-1 Member			Date					
STATE O	F	, County of							
said Co	unty and State, personall	, 20 before of the specific of the	nown to me to be the person wh	a Notary l	Public in is subsc	and for cribed to			
		Signature of Notary Public							

My Commission Expires

DEFERRED COMPENSATION PLAN DISTRIBUTIONS DUE TO UNFORESEEABLE EMERGENCIES

Your RSA-1 account is not a savings account. It is an eligible deferred compensation plan as defined by Internal Revenue Code Section 457 which requires that amounts deferred will be paid or made available to the participant or beneficiary only after the participant separates from service with his or her employer, attains age 70½, or in the case of an unforeseeable emergency as defined by the Internal Revenue Service.

According to Federal Income Tax Regulations, an unforeseeable emergency is a severe financial hardship to the participant or his dependent (for federal income tax purposes) resulting from:

- 1. A sudden and unexpected illness or accident,
- 2. Loss of property due to flood, fire or windstorm, or
- 3. Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant.

Federal Income Tax Regulations provide that payment from deferred compensation may not be made to the extent such hardship is or may be relieved:

- 1. Through reimbursement or compensation by insurance or otherwise,
- 2. By liquidation of the participant's assets, to the extent the liquidation of such assets would not itself cause severe financial hardship, or
- 3. By cessation of deferrals under the plan.

Withdrawals because of an unforeseeable emergency are permitted ONLY to the extent reasonably needed to satisfy the emergency need.

Sending a child to college and/or purchasing a home are specifically listed in the Federal Income Tax Regulations as **not qualifying as unforeseeable emergencies.**

Please describe in full the nature of your emerger supporting your request must be attached.	ncy (attach additional	sheets if necessary).	Documentation
Name of Member (Print)			
Signature of RSA-1 Member		Date	