



A distribution from your Pension Plus 457 Plan is only available upon your separation from Michigan Public School employment, disability, death, or the approval of an unforeseeable emergency as outlined in **IRS Regulation Section 1.457.2**.

In the event of extreme financial emergency, payments can be made to the member if it will prevent a great hardship and all conventional sources of money have been exhausted. Hardship payment requests will only be considered if the event that caused the emergency was outside of the control of the member. Below is a listing of most common requests.

### Approved Emergencies

- Uninsured medical expenses (includes spouse and dependents) and related lost wages (includes spouse)
- Funeral expenses (legal dependent)
- Property damages not covered by insurance (flood, fire, and earthquake)
- Similar extraordinary unforeseeable circumstance, beyond control

### Disapproved Emergencies

- Cost of Education
- Purchase or remodeling of your home
- Payment on credit cards or loans
- Automobile repairs or purchase
- Payment of income taxes, interest, or penalties
- Appliance repairs or purchase
- Cost associated with divorce

If you believe your situation qualifies as a valid unforeseeable emergency, you must determine whether you have other resources that can be used to meet your emergency. If you feel that your situation still warrants an emergency distribution of your Pension Plus 457 Plan, then complete, sign, and mail this form along with supporting documentation to the Emergency Withdrawal Committee. Before the Withdrawal Committee can consider your request, pages two (2) and three (3) must be entirely completed.

**Send your completed forms to:** Voya Financial®  
Attn: State of Michigan Emergency Withdrawal Committee  
P.O. Box 57669  
Jacksonville, FL 32241-7669  
Phone 1-800-748-6128

If your request is approved, you will receive a taxable distribution from the Plan within seven to ten business days and **you will be prohibited from making new deferrals for 6 months. Your 1% employer match will also be eliminated for the same period of time.**

If your request is not approved, Voya® will notify you in writing and advise you as to what next steps are available. If additional information is requested, please resubmit all forms and requested documentation to Voya for final approval.

If your final request is denied, you may resubmit all forms and documentation for redetermination to:  
DTMB, Office of Retirement Services, Pension Plus, P.O. Box 30171, Lansing, MI 48909-7671

Please be assured that Voya will handle your request with empathy, hold this information as confidential, and will not share it outside of the Emergency Withdrawal Committee.



**FORM MUST BE COMPLETED *IN ITS ENTIRETY* WITH ALL REQUESTED DOCUMENTATION BEFORE IT WILL BE CONSIDERED.**

(Please print carefully.)

<b>Name</b>	<b>Social Security Number</b>	<input type="text"/> <input type="text"/> <input type="text"/> - X X - X X X X
<b>Address</b>	<b>Daytime Phone</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>

**In accordance with the provisions of IRS Regulation Section 1.457.2 and provisions of the Plan, based on my answers to the following questions, I hereby request withdrawal from my account as follows:**

Withdrawal in the amount of: \$ \_\_\_\_\_

Tax Withholding Option:  10%       10% (default)       Other (indicate percentage) \_\_\_\_\_%

*Please note, if an election is NOT made, taxes will be withheld at the rate of 10%.*

I would like to have my withdrawal mailed to me using expedited delivery for a fee of \$50.00 that will be charged to my account.

I understand there is a onetime fee of \$50.00 for this transaction that will be charged to my account.

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons having their payment delivered outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

**By signing this application, I hereby acknowledge the following:**

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

The participant/beneficiary/alternate payee certifies, under penalty of perjury that to the best of his/her knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Name \_\_\_\_\_ Social Security Number    - X X - X X X X

Please describe the event, which caused this unforeseeable emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate under what circumstance your emergency hardship qualifies:

*(Attach official verification: Police or fire report, insurance claims statements, doctor or hospital bills, lost wages verified by employer on Michigan Public School letterhead or by spouse's employer, death certificate and funeral invoice, etc.)*

- Uninsured Medical Expenses
- Property Damage (Storm, fire, etc.)
- Funeral Expenses
- Extraordinary Circumstance *(Please attach explanation.)*

List other sources of financial assistance you have contacted such as insurance policies, banks, credit unions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What amount was or will be recovered from insurance or other restitution? \$ \_\_\_\_\_

*(Attach insurance adjuster's estimate or explanation of benefits form or other document.)*

What amount can you finance through conventional sources? \$ \_\_\_\_\_

What is the total amount required to meet this emergency? \$ \_\_\_\_\_

*(Attach bills, estimates, and for lost wages, worksheet listing liabilities and obligations to support your statement of this amount.)*

### REASON FOR HARDSHIP WITHDRAWAL AND CHECKLIST

Attach copies of any documents that will substantiate both the nature and the amount of the immediate heavy financial need.

**These copies will not be returned; therefore, you should not send originals.**

The Plan allows Hardship withdrawals only under the following circumstances for immediate and heavy financial needs.

**Please choose all applicable to your circumstance: (see next page) →**

**Please be assured that Voya will handle your request with empathy, hold this information as confidential, and will not share it outside of the Financial Hardship Withdrawal Committee.**



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	1) Explanation of Benefits <b>and/or</b> Corresponding bill from the provider <b>Must:</b> <input type="checkbox"/> be dated within 90 days, <b>and</b> <input type="checkbox"/> reflect amount paid by insurance company, <b>and</b> <input type="checkbox"/> reflect the amount owned by the insured 2) If for your dependent, documentation to support the identification of the affected individual as meeting IRC Code section 152 definition of a dependent, <b>and</b> 3) Last year's federal 1040 tax form, <b>and</b> 4) Most recent bank or credit union statements (savings and checking), <b>and</b> 5) Most recent paycheck stub	<ul style="list-style-type: none"> <li>Medical bills that do not show portion paid by insurance</li> <li>Collection agency notices</li> </ul>
<input type="checkbox"/> <b>Repair of principal residence that would qualify as a casualty deduction such as a fire or storm</b>	1) Letter explaining what caused the casualty, <b>and</b> 2) Statement from your insurance company stating the loss is not covered, <b>and</b> 3) Billing statement or cost estimate, <b>and</b> <b>All above must:</b> <input type="checkbox"/> be dated within last 4 months, <b>and</b> <input type="checkbox"/> reflect the amount necessary to repair principal residence 4) Last year's federal 1040 tax form, <b>and</b> 5) Most recent bank or credit union statements (savings and checking), <b>and</b> 6) Most recent paycheck stub	<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>Funeral/Burial expenses for:</b> ( ) Your spouse ( ) Your child ( ) Your dependent	1) Statement of relationship with the deceased, <b>and</b> 2) Copy of the death certificate, <b>and</b> 3) Funeral/burial billing statement, <b>and</b> <b>Must:</b> <input type="checkbox"/> reflect name of deceased, <b>and</b> <input type="checkbox"/> reflect date of services provided within the past 90 days, <b>and</b> <input type="checkbox"/> reflect your name as individual billed, <b>and</b> <input type="checkbox"/> include itemized funeral/burial expenses 4) If for your dependent, documentation to support the identification of the affected individual as meeting IRC Code section 152 definition of a dependent, <b>and</b> 5) Last year's federal 1040 tax form, <b>and</b> 6) Most recent bank or credit union statements (savings and checking), <b>and</b> 7) Most recent paycheck stub	<ul style="list-style-type: none"> <li>Pre-purchase of lot or headstone</li> <li>Bills already paid</li> </ul>
<input type="checkbox"/> <b>Extraordinary circumstance:</b> ( ) You ( ) Your spouse ( ) Your child ( ) Your dependent	<b>Lost Wages</b> 1) Last two pay stubs, <b>and</b> 2) If applicable, unemployment/disability benefits pay stub, <b>or</b> 3) Denial letter if not eligible for unemployment/disability benefits, <b>and</b> 4) Lost wages verified by employer on Michigan letterhead, <b>or</b> <b>Must:</b> <input type="checkbox"/> state date lost wages began <input type="checkbox"/> state hourly salary at time of leave <input type="checkbox"/> state average hours worked prior to leave  <b>Eviction/foreclosure of principal residence</b> 1) Notorized proof of foreclosure or eviction <input type="checkbox"/> Tax lien, <b>or</b> <input type="checkbox"/> Bank/mortgage statement, <b>or</b> <input type="checkbox"/> Letter from bank/mortgage company, <b>or</b> <input type="checkbox"/> Letter from landlord, <b>or</b> <input type="checkbox"/> Copy of the court document substantiating the eviction or foreclosure legal proceedings <b>All above must:</b> <input type="checkbox"/> be dated within last 30 days, <b>and</b> <input type="checkbox"/> reflect the amount necessary to prevent eviction/foreclosure, <b>and</b> <input type="checkbox"/> contain eviction/foreclosure date. This date must be in the future.  <b>Legal Fees</b> 1) Bill for attorney fees	<ul style="list-style-type: none"> <li>Lost wages due to the state's banked leave time/furlough policy</li> <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 Ordered judgement</li> </ul>