



**Personal Information**

\_\_\_\_\_  
 Last name First name MI Social Security #

\_\_\_\_\_  
 Address City/State Zip

\_\_\_\_\_  
 Mobile or home phone Personal email

**IRS Requirements**

**Eligibility:** You may be eligible to withdraw funds from your 457 employee contribution plan while still employed if you have an unforeseeable emergency caused by a severe financial hardship. See [457 unforeseeable emergency](#).

**Income tax withholding** is an automatic 10% Federal / 5% State unless you elect otherwise here:

Do not withhold *Federal* income tax  Do not withhold *State of Iowa* income tax

**Withdrawal Amount**

\$ \_\_\_\_\_ after tax withholding (if withholding is elected)

	<b>Corebridge Financial</b> (Formerly AIG)	<b>Empower</b>	<b>Horace Mann</b>	<b>Voya</b>
<b>Delivery Options</b>	<input type="checkbox"/> Mail check (U.S. Mail) <input type="checkbox"/> Direct deposit to my checking account	<input type="checkbox"/> Mail check (U.S. Mail) <input type="checkbox"/> Direct deposit to my checking account * <input type="checkbox"/> Overnight (fee applies)	<input type="checkbox"/> Mail check (U.S. Mail) <input type="checkbox"/> Direct deposit to my checking account <input type="checkbox"/> Overnight (fee applies)	<input type="checkbox"/> Mail check (U.S. Mail) <input type="checkbox"/> Direct deposit to my checking account

**Direct deposit requests must include a pre-printed voided check. Do not use a deposit slip.**

ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

ACH deposits are typically complete within 3-5 business days of distribution processing, but may take longer if additional information is needed by your provider to verify your bank account. If your provider is unable to validate your banking information, a check will be mailed via regular mail to the address shown above instead.

*\*Empower participants should contact Empower at 833-999-4692 to confirm availability prior to requesting.*

**Certification**

**I certify and I understand:**

- I am faced with an unforeseeable emergency [as described by the IRS](#).
- The amount requested is not in excess of the amount required to satisfy the emergency.
- I have no alternative means to reasonably satisfy this emergency.
- Approved withdrawals will only be paid from my 457 employee contribution account.
- If the withdrawal amount plus any requested tax withholding exceeds my account value, the full 457 account value will be distributed.
- I will receive a 1099-R tax form indicating the taxable amount (if any) of this withdrawal.
- At any time, the IRS may audit my withdrawal and I should retain supporting documentation.

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form Submission**

**Mail to:** DAS-HRE - Attention: RIC  
 1305 E. Walnut / Des Moines, IA 50319

**Fax:** 515-281-5102

**Scan/email:** [ric@iowa.gov](mailto:ric@iowa.gov)

