

403(b) Hardship Distribution Request Form

This form should be used if you are an active employee and you wish to request a distribution of your pre-tax (non-Roth) and/or Roth assets due to a hardship. This form may not be used to withdraw elective deferrals unless you have no other distributions available from your employer's plan(s) to satisfy your hardship. Please be advised that no handwritten notes or instructions will be accepted or considered when this form is processed. Contact your plan administrator if you have any questions.

PARTICIPANT INFORMATION	Social Security Number _____ Phone Number _____ First Name _____ Last Name _____ Email Address _____ <input type="checkbox"/> Married <input type="checkbox"/> Not Married NOTE: Your distribution will be paid to you by check and sent via regular mail to your current address on file. If your address has changed, please contact your plan administrator.
--------------------------------	--

DISTRIBUTION INSTRUCTIONS	Amount of Distribution Requested (select one): <input type="checkbox"/> \$ _____ (enter dollar amount) NOTE: This amount is what will be distributed to you. Taxes and fees will be withdrawn from your account in addition to the amount requested here. If the amount requested exceeds the amount available, the distribution will be processed for the maximum amount available. <input type="checkbox"/> Maximum amount available Reason for Distribution: <input type="checkbox"/> Medical expenses <input type="checkbox"/> Educational expenses <input type="checkbox"/> Home purchase <input type="checkbox"/> Prevention of foreclosure/eviction <input type="checkbox"/> Funeral expenses <input type="checkbox"/> Uninsured damage to principal residence (under Internal Revenue Code section 165) <input type="checkbox"/> Federal Emergency Management Agency (FEMA) declared disaster <input type="checkbox"/> Other _____ NOTE: The amount of the hardship distribution cannot be greater than the documented need.
----------------------------------	---

WITHHOLDING ELECTION	FEDERAL WITHHOLDING (Form W-4R/OMB No. 1545-0074) Your withholding rate is determined by the type of payment you will receive. <ul style="list-style-type: none"> For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. See the Withholding Instructions for more information. Withholding Election. Complete this section if you would like a rate of withholding that is different from the default withholding rate. See the instructions and the Marginal Rate Tables that follow for additional information. Enter the rate as a whole number (no decimals) _____% STATE WITHHOLDING (if applicable, select one) Name of Withholding State _____ <input type="checkbox"/> Withhold _____% <input type="checkbox"/> Withhold \$ _____ <input type="checkbox"/> Do Not Withhold State Income Tax NOTE: State income tax withholding may not be available for all states. If applicable, mandatory state income tax will be withheld from the distribution in accordance with state tax guidelines.
-----------------------------	---

CERTIFICATION AND AUTHORIZATION	I certify that I have read, understand, and agree with the information provided in the instructions to this form. I certify that I have obtained all available distributions from my employer's plan(s), if required, and I have insufficient cash or other liquid assets reasonably available to satisfy my financial need. In addition, I certify that my hardship distribution will not exceed the amount needed to satisfy my financial need. <input type="checkbox"/> I certify that the reason for my distribution is a permissible hardship distribution reason under the plan. I certify that I have appropriate supporting documentation to substantiate the reason for my hardship. I acknowledge that I have timely received a written explanation of the optional forms of benefit payments and have received, if applicable, my spouse's consent to take a distribution. I understand there may be a distribution fee charged against my account for this transaction and have been advised to contact the plan administrator for a description of any applicable fees. I instruct the plan administrator to authorize a distribution from the plan as soon as administratively possible. Name of Participant _____ Signature of Participant _____ Date _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Authorized Plan Representative Use Only Name of Authorized Plan Representative _____ Signature of Authorized Plan Representative _____ Date _____ NOTE: To process this request in the most efficient manner, please utilize the website at https://www.sponsorinsight.com </div>
--	--