

403(b) Hardship Distribution Request Form

(Employer/Plan Name)

1. EMPLOYEE/PARTICIPANT INFORMATION			
First Name:	M.I.	Last Name:	
Social Security Number:	Birth Date:	Hire Date:	
Address:			
Phone Number:	Email:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	

2. DISTRIBUTION INSTRUCTIONS

A hardship withdrawal occurs when an individual satisfies the hardship withdrawal requirements of the Employer's 403(b) Plan and requests an early distribution from his/her annuity contract(s) / custodial account(s) under the 403(b) Plan of the amount necessary to meet the hardship need.

I wish to receive a hardship withdrawal from the annuity contract(s) / custodial account(s) indicated below that I hold under the Employer's 403(b) Plan ("403(b) Plan") because of the immediate and heavy financial burden caused by the following event:

- uninsured medical expenses of myself, my spouse, my dependent or my primary 403(b) Plan beneficiary
- Payment of rent or a mortgage to avoid eviction or foreclosure
- Costs directly related to my purchase of a primary residence (excluding mortgage payments)
- Funds necessary to repair damage to my primary residence following a natural disaster
- Funeral expenses for my spouse, my dependent or my primary 403(b) Plan beneficiary
- The payment of tuition, room and board, and educational expenses for the next twelve (12) months of college or other postsecondary education for myself, my spouse, my dependent or my primary 403(b) Plan beneficiary

I understand and acknowledge that a hardship withdrawal is available only if permitted under the terms of the 403(b) Plan and under the terms of the annuity contract(s) / custodial account(s) indicated above and if I have satisfied all of the requirements to receive a hardship withdrawal set forth in the 403(b) Plan. I understand and agree that the involvement of the third party plan administrator in this transaction is limited to this authorization to the investment provider(s) that such requested hardship withdrawal is permissible under the terms of the 403(b) Plan and that I have satisfied the hardship withdrawal requirements set forth in the 403(b) Plan. I understand and acknowledge that the completion of additional forms from my investment provider(s) will be required to receive the requested hardship withdrawal and that receipt of the requested hardship withdrawal is subject to the terms of my annuity contract(s) / custodial account(s) indicated above.

I understand and acknowledge that, in order to receive a hardship withdrawal under the 403(b) Plan, I must submit evidence of the above referenced event that has caused the hardship, the amount of the immediate and heavy financial need caused by the hardship and any other information requested by the third party plan administrator to satisfy the hardship withdrawal requirements under the 403(b) Plan. I understand and acknowledge that the amount of a hardship withdrawal that may be made under the 403(b) Plan is limited to the amount equal to the immediate and heavy financial need (including income tax due on the hardship distribution) for the specific hardship circumstance. I further understand and acknowledge that, before receiving a hardship withdrawal from the 403(b) Plan, I must take all available loans and distributions from the 403(b) Plan and all other retirement plans sponsored by the Employer. Further, I understand and acknowledge that the amount of a hardship withdrawal that I receive under the 403(b) Plan cannot be more than the total amount of my elective deferral / salary reduction contributions to the 403(b) Plan (without regard to earnings) minus any prior hardship withdrawals that I have received from the 403(b) Plan.

I understand and acknowledge that all hardship withdrawals are subject to ordinary income tax and some hardship withdrawals may be subject to an additional 10% penalty tax.

I understand and acknowledge that, when I receive a hardship withdrawal payment from the 403(b) Plan, I will not be allowed to make elective deferral / salary reduction contributions to the 403(b) Plan for six months.

HARDSHIP DISTRIBUTION FROM:

Investment Vendor Name(s)	Account/Policy #	Distribution Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Complete Signature Authorization on Next Page

3. SIGNATURES & AUTHORIZATIONS

Employee Signature

Date

TO BE COMPLETED BY THE EMPLOYER/ THIRD PARTY ADMINISTRATOR

Distribution Approved Distribution Declined (reason) _____

Employer/Third Party Administrator for the above referenced 403(b) Plan, approves or declines the above requested hardship distribution based on whether it satisfies the terms of the 403(b) Plan and Internal Revenue Code § 403(b) statutory and regulatory requirements and terms of the Written Plan Document.

Employer/Third Party Administrator Signature

Date

Print Name

Title