



Request for Hardship Withdrawal

IMPORTANT NOTICE: Before you sign, read ALL information on this form:

After verifying your eligibility to receive a Hardship Withdrawal, ADMIN Partners will sign off on your transaction and, unless otherwise notified, forward it directly to your Service Provider so that your funds may be issued.

Participant Information (*indicates a REQUIRED field)

*Last Name		*First Name	*EMAIL	
*Address		*City	*State	*ZIP
*SS#	*DOB	*Home Phone	Work Phone	
*Employer Name				
Vendor/Product Name				
Amount Requested:				

Reason for the Need

Check the appropriate box that specifically indicates which of the following immediate and heavy financial need makes you eligible to receive a Hardship Withdrawal. The amount requested may be increased to only include any additional amount necessary to pay any federal, state or local income taxes owed as a result of this distribution. In addition, the total amount requested cannot exceed your total employee deferrals less earnings. If the hardship is granted, you will not be able to make elective deferrals to this 403(b) plan and all other retirement plans maintained by your employer, if any, for 6 months after the hardship withdrawal.

Reason	Documentation
<input type="checkbox"/> Medical expenses for the Participant, Participant’s spouse or dependents.	Recent bill (within 6 months) or documentation from your insurance provider identifying the portion of the expenses that are your responsibility. If upfront payment is required to obtain medical care, a statement from the provider with an estimate of the costs to the patient. Documentation should include dates of service and an explanation of services.

Reason	Documentation
<input type="checkbox"/> Costs related to the purchase of a Participant's principal residence (excluding mortgage payments.)	Bill of sale for home or land. Invoices and receipts for building materials and cost of construction. Documentation from the mortgage holder. An estimated closing date should also be provided.
<input type="checkbox"/> Payment of the next 12 months of post-secondary tuition and related educational fees for the Participant, the Participant's spouse or dependents	Tuition bill or financial statement from the institution that details actual or estimated costs, fees and expenses. Rental agreement for off-campus housing.
<input type="checkbox"/> Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence	Official notice from lending institution or landlord. With letter indicating the amount due to prevent eviction.
<input type="checkbox"/> Payments for burial or funeral expenses for the Participant's deceased parent, spouse, children or dependents	Bill from funeral home along with a statement indicating costs with the deceased name, date of death and date of funeral or burial.
<input type="checkbox"/> Expenses for the repair of damage to the Participant's principal residence that would qualify for the casualty income tax deduction	Invoices for cost of repairs and insurance statement showing reimbursement amount.

Please answer the following questions:

1. Will suspending your current elective deferrals to your 403(b) or 457 accounts alleviate your Hardship? Yes _____ No _____
2. Are there distributions available to you under the plan or any other plans maintained by your employer that will alleviate the Hardship? Yes _____ No _____
3. Can you receive reimbursement from insurance or other sources to pay these expenses? Yes _____ No _____
4. Can you secure a commercial loan to pay these expenses? Yes _____ No _____
5. Can you liquidate assets to pay these expenses? Yes _____ No _____
6. Are you eligible to take a loan from any 403(b) account or any other retirement plans offered by your employer? Yes _____ No _____

Participant Certification

I certify that:

- The information provided in this request is true and correct to the best of my knowledge.
- I understand that taxes and tax withholding may apply to any distribution I receive that is not rolled over.
- I will be prohibited from making elective deferrals to this 403b plan and all other retirement plans maintained by my employer for 6 months.
- I understand that my actual receipt of funds from each product provider is contingent on the approval of each vendor and that the completion of this Transmittal does not ensure approval of the distribution.

_____ (Print Name)

_____ Date

_____ (Signature)