



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	*E-Mail	
*Address		*City	*State	*ZIP
*SS#	*Date of Birth	*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 unpaid bills (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. Note: You cannot be reimbursed for any medical bills that have already been paid.

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 or documentation from the mortgage holder. Documentation should include closing costs, closing date, buyer and seller's name, and address of property being purchased. Examples of acceptable documentation may include – good faith estimate, a purchase and sale agreement, or invoices and receipts for building materials and cost of construction.
<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. Note: Student loans do not qualify as a hardship.
<input type="checkbox"/> Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence	Official court documents or notice from lending institution or landlord. This notice/document should include property address, amount due to prevent eviction/foreclosure, and the date the amount is due.
<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. The repairs to your home must be due to an event formally deemed as a natural disaster by the federal government. Note: Normal wear and tear and home improvements do not qualify.

Please answer the following questions:

1. Can voluntarily discontinuing your current contributions to your 403(b) plan resolve your Hardship? Yes__ No__
2. Are you eligible for a qualified distribution under the plan or any other plans maintained by your employer? (Ex: 59 ½ years of age, separated from service, or permanent disability) Yes__ No__
3. Can you receive reimbursement from insurance or other sources to pay these expenses? Yes__ No__
4. Can you liquidate assets to pay these expenses? Yes__ No__
5. Can you secure a commercial loan 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 without placing you in a further financial hardship 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)