



## Request for Hardship Withdrawal

**Please complete this form and submit to ADMIN Partners, LLC along with all appropriate documentation required by your investment provider. Original paperwork should be mailed to ADMIN Partners, LLC, ATTN: Compliance Team, 200 Lake Drive East, Cherry Hill, NJ 08002. Fax submissions should be made to 856-755-3515. Email submission should be made to [service@youradminpartners.com](mailto:service@youradminpartners.com)**

ADMIN Partners (“Plan Coordinator”) is responsible for coordinating the information under the 403(b) plan sponsored by your employer (the “Plan”) and performing non-discretionary recordkeeping, compliance and other ministerial retirement plan services. Distributions from the Plan are based on the terms of the Plan and provisions of the annuity contracts or custodial accounts (“Individual Agreements”) in which you have invested your contributions. Since final approval resides with your product provider/vendor, they may also require that you provide additional information. Please be aware that vendors may impose additional approval and processing restrictions of requirements in order to receive a hardship withdrawal from a particular account. Therefore, completion of this request does not ensure approval of the hardship withdrawal.

Upon receipt, ADMIN will verify the facts necessary to satisfy the hardship requirements and any conditions that may apply under the Plan. Once the information is collected, we will review it for conformity with the requirements of the Plan and forward your request with the supporting information to the Vendor that you identify so that your request can be processed based on the vendor’s requirements. ADMIN Partners’ signature on this form provides verification of the facts only and is not an exercise of discretion over Plan assets or activities.

### Participant Information (\*indicates a REQUIRED field)

|                       |             |                    |                   |             |
|-----------------------|-------------|--------------------|-------------------|-------------|
| <b>*Last Name</b>     |             | <b>*First Name</b> | <b>*EMAIL</b>     |             |
| <b>*Address</b>       |             | <b>*City</b>       | <b>*State</b>     | <b>*ZIP</b> |
| <b>*SS#</b>           | <b>*DOB</b> | <b>*Home Phone</b> | <b>Work Phone</b> |             |
| <b>*Employer Name</b> |             |                    |                   |             |

The IRS requires that to receive a hardship withdrawal from your plan you must have exhausted all other sources of the assets (including assets of the employee’s spouse and minor children. (Reg. Section 1.401(k)-1(d)(3)(iv)(B) ). This determination is made on the basis of all relevant facts and circumstances. These sources are deemed to include: other distributions from your retirement plans, insurance policies, or commercial lenders (if the re-payment of such loans would not itself create a financial hardship).

### Reason for the Need and Acceptable Documentation

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.

The IRS requires that you must provide copies of the information that supports the financial reason for your hardship request.

| Reason and Amount Needed   | Documentation  |
|--|--|
| <input type="checkbox"/> Medical expenses for the Participant, Participant's spouse or dependents.<br><br>Amount Needed : _____  | 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.<br><b>Note:</b> You cannot be reimbursed for any medical bills that have already been paid. |
| <input type="checkbox"/> Costs related to the purchase of a Participant's principal residence (excluding mortgage payments.)<br><br>Amount Needed : _____  | 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<br><br>Amount Needed : _____ | Tuition bill or financial statement from the institution that details actual or estimated costs, fees and expenses. Rental agreement for off-campus housing.<br><b>Note:</b> 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<br><br>Amount Needed : _____                                | 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<br><br>Amount Needed : _____                                    | 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<br><br>Amount Needed : _____              | Invoices for cost of repairs and insurance statement showing reimbursement amount.<br><b>Note:</b> Normal wear and tear and home improvements do not qualify.  |

**Product Provider Information**

Identify the vendor and account from which the hardship amount will be withdrawn. This form and all needed paperwork will be sent to the provider listed below.

| <b>Vendor/Product Name</b> | <b>Account/Policy #</b> | <b>Phone #</b> | <b>Fax</b> |
|----------------------------|-------------------------|----------------|------------|
|                            |                         |                |            |
|                            |                         |                |            |

**Participant Certification**

I certify that:

- The information provided in this request is true and correct to the best of my knowledge. I represent that I have obtained all other currently available distributions, nontaxable loans, and all other plans of deferred compensation, whether qualified or nonqualified, maintained by my employer: and that I have insufficient cash or other liquid cash or other liquid assets reasonably available to satisfy the financial need.
- I understand that taxes and tax withholding may apply to any distribution I receive that is not rolled over.
- 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.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant Name**

**Verification by Plan Coordinator**

The signature below verifies that we have reviewed this transaction request and the information that was provided to support the request, and, to the best of our knowledge, the information is accurate and complete as presented. We further verify that the transaction is permitted under the terms of the named Employer's 403(b) Plan Document, but we make no statements as to its qualification or whether it is permitted under the terms of any Individual Agreement (vendor contract).

\_\_\_\_\_  
**Authorized ADMIN Partners Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized ADMIN Partners Name**