



## 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)

<b>*Last Name</b>		<b>*First Name</b>	<b>*E-Mail</b>	
<b>*Address</b>		<b>*City</b>	<b>*State</b>	<b>*ZIP</b>
<b>*SS#</b>	<b>*Date of Birth</b>	<b>*Home Phone</b>	<b>Work Phone</b>	
<b>*Employer Name</b>				
<b>Vendor/Product Name</b>				
<b>Amount Requested</b>				

### 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.

<b>Reason</b>	<b>Documentation</b>
<input type="checkbox"/> Medical expenses for the Participant, Participant's spouse or dependents.	<p>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.</p> <p><b>Note:</b> You cannot be reimbursed for any medical bills that have already been paid.</p>



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. <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	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. <b>Note:</b> Normal wear and tear and home improvements do not qualify.



## 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.

\_\_\_\_\_ (Print Name)      Date \_\_\_\_\_

\_\_\_\_\_ (Signature)