



403(b) Hardship Withdrawal Disclosure

Employer Name

Employee Name: (print first, middle, last)	Social Security Number:
Provider Company Name:	403(b) Account Number:
Provider Company Address:	

I hereby certify that I have incurred a financial hardship as defined by the Internal Revenue Service regulation §1.401(k)-1(d)(3)(i).

- Unreimbursed medical expenses (including the past 12 months) these costs exceed \$_____.
- Costs related to purchase of a principal residence (excluding mortgage payments). These costs exceed \$_____.
- Tuition and related educational fees as well as room and board expenses for the next 12 months of post secondary education for myself, my spouse or dependents, which are estimated to exceed \$_____.
- Payments necessary to prevent eviction from, or to avoid foreclosure on my principal residence, the cost of which shall exceed \$_____.
- Burial or funeral expenses. These costs exceed \$_____.
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under section 165. These costs exceed \$_____.

Important: Evidence of the expenses indicated above must be attached to this form. Evidence includes bills and/or receipts directly related to the expense or letters and/or official notices of eviction or foreclosure.

Please note the following from Internal Revenue Service regulation §1.401(k)-1(d)(3)(i) :

(3) *Rules applicable to hardship distributions* —(i) *Distribution must be on account of hardship.* A distribution is treated as made after an employee's hardship for purposes of paragraph (d)(1)(ii) of this section if and only if it is made on account of the hardship. For purposes of this rule, a distribution is made on account of hardship only if the distribution both is made on account of an immediate and heavy financial need of the employee and is necessary to satisfy the financial need. The determination of the existence of an immediate and heavy financial need and of the amount necessary to meet the need must be made in accordance with nondiscriminatory and objective standards set forth in the plan.

(iv) *Distribution necessary to satisfy financial need* —(A) *Distribution may not exceed amount of need.* A distribution is treated as necessary to satisfy an immediate and heavy financial need of an employee only to the extent the amount of the distribution is not in excess of the amount required to satisfy the financial need. For this purpose, the amount required to satisfy the financial need may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution.

(B) *No alternative means available.* A distribution is not treated as necessary to satisfy an immediate and heavy financial need of an employee to the extent the need may be relieved from other resources that are reasonably available to the employee. This determination generally is to be made on the basis of all the relevant facts and circumstances. For purposes of this paragraph (d)(3)(iv), the employee's resources are deemed to include those assets of the employee's spouse and minor children that are reasonably available to the employee. Thus, for example, a vacation home owned by the employee and the employee's spouse, whether as community property, joint tenants, tenants by the entirety, or tenants in common, generally will be deemed a resource of the employee. However, property held for the employee's child under an irrevocable trust or under the Uniform Gifts to Minors Act (or comparable State law) is not treated as a resource of the employee.

I certify that the withdrawal amount designated on the attached 403(b) provider distribution form is necessary to meet my financial need created by the hardship to the extent that no other funds are reasonably available. I have determined that the amount of my financial hardship cannot be satisfied by any other resources available to me, including assets of my spouse or minor children. I have also determined that I have no other distributions currently available to me under my 403(b) account or any other benefit plans maintained by my employer or State Retirement Plan(s).

I understand that I cannot roll over the hardship distribution to any other tax-deferred retirement plan or Individual Retirement Account or Annuity (IRA). Further, I agree to indemnify and hold my employer harmless from any losses or financial obligation, which may arise by reason of authorizing this financial hardship request with respect to my 403(b) arrangement.

I certify under penalty of perjury that all of the foregoing statements are true and correct.

Employee's signature >>	Date:
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Please submit this form with a Transaction Information Form to Envoy Plan Services