



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).

- Medical expenses (including the past 6 months) for the employee, spouse, dependents, or a primary beneficiary. Expenses must not be covered by insurance. If the participant is not the recipient of the medical care, documentation showing the relationship must be provided.
- Costs related to purchase of a principal residence (excluding mortgage payments). A purchase contract must be no more than 30 days old.
- Tuition and related educational fees as well as room and board expenses for the next 12 months of post-secondary education for the employee, spouse, dependents, or primary beneficiary.
- Payments necessary to prevent eviction from, or to avoid foreclosure on a principal residence. The notice cannot be more than 90 days old, and the payment must be at least 1 month behind.
- Burial or funeral expenses for employee's parent, spouse, child, dependents (as defined in IRC 152) or primary beneficiary. The expenses must be no more than 90 days old.
- Expenses for the repair of damage to a principal residence that would qualify for the casualty deduction under section 165. The contractors estimate must be no more than 90 days old.
- Expenses and losses (including loss of income) incurred by the employee on account of a Federal Emergency Management Agency (FEMA) declared disaster, provided that their principal residence or place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

Rules applicable to hardship distributions —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. 26 CFR § 1.401(k)-1(d)(3)(i).

Distribution necessary to satisfy financial need —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. 26 CFR § 1.401(k)-1(d)(3)(iii)(A).

No alternative means available. A distribution is not treated as necessary to satisfy an immediate and heavy financial need of an employee unless each of the following requirements is satisfied: (1) The employee has obtained all other currently available distributions (including distributions of ESOP dividends under section 404(k), but not hardship distributions) under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by the employer; (2) The employee has provided to the plan administrator a representation in writing (including by using an electronic medium as defined in § 1.401(a)-21(e)(3)), or in such other form as may be prescribed by the Commissioner, that he or she has insufficient cash or other liquid assets reasonably available to satisfy the need; and (3) The plan administrator does not have actual knowledge that is contrary to the representation. 26 CFR § 1.401(k)-1(d)(3)(iii)(B).

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 understand that if my employer's plan permits, the hardship distribution amount may be taken from my elective contributions, qualified non-elective and matching contributions, and earnings on those contribution sources. 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 (IRA) or Annuity. 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 the foregoing statements are true and correct.

Employee's signature »	Date:
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Please submit this form to Envoy Plan Services via fax: (877) 513-2272