



"A Fiduciary Plan Administrator"

REQUEST FOR HARDSHIP DISTRIBUTION – PENSION PLAN

Employer name _____

Employee name _____

Employee address _____

Street

City

State

Zip

DOH ____/____/____ DOB ____/____/____ Marital Status M____ S____

SS# _____ Phone number (____) _____

Email Address _____

Number of hours employee has worked since the beginning of the plan year: _____

Is there any year in which the employee did *not* work the required number of hours to receive credit for a year of service? Yes _____ No _____ If yes, please provide information below.

Reason for hardship request:

- Purchase of primary residence
- Medical bills not covered by insurance
- Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under Code Section 165.
- Eviction from, or foreclosure on principal residence
- Burial or funeral expenses for employee's deceased parent, spouse, child or dependent
- Post-secondary tuition, etc. (for employee or dependent)

Amount of Hardship Requested \$ _____

Employee may not contribute for a period of at least six months following a hardship distribution from deferral money. If the plan permits loans, a loan must be secured prior to hardship consideration. Documentation of the hardship will be required. The plan must have hardship distribution provision. Limits apply.

Notes: _____

Prepared by _____ Date: ____/____/____