



"A Fiduciary Plan Administrator"

## REQUEST FOR HARDSHIP DISTRIBUTION

Employer name \_\_\_\_\_

Employee name \_\_\_\_\_

Employee address \_\_\_\_\_

Street

City

State

Zip

DOH \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status M\_\_\_\_ S\_\_\_\_

SS# \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

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:

- |  |  |
|--|--|
| <input type="checkbox"/> Purchase of primary residence   | <input type="checkbox"/> Eviction from, or foreclosure on principal residence                                  |
| <input type="checkbox"/> Medical bills not covered by insurance  | <input type="checkbox"/> Burial or funeral expenses for employee's deceased parent, spouse, child or dependent |
| <input type="checkbox"/> Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under Code Section 165. | <input type="checkbox"/> 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: \_\_\_\_/\_\_\_\_/\_\_\_\_