

Hardship Withdrawal Form



1 General Participant Information

457 PLAN

EMPLOYEE #

122335

5-4-18

Plan Name

Current Date

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- Expenses for medical care (described in Section 213(d) of the Internal Revenue Code) previously incurred by my, my spouse, my dependent, or my beneficiary or necessary for me, my spouse, my dependent, or my beneficiary to obtain medical care.
- Costs directly related to the purchase of a principal residence (excluding mortgage payments)
- Tuition, related educational fees, and room and board expenses for the next twelve (12) months of post secondary education for me, my spouse, my dependent, or my beneficiary
- Amounts necessary to prevent my eviction from my principal residence or foreclosure on the mortgage of my principal residence
- Payments for burial or funeral expenses for my deceased parent, spouse, children, other dependents or beneficiaries
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Internal Revenue Code

Please provide appropriate documentation detailing evidence of the nature and amount of the hardship to the Plan Administrator. Please see the instruction page accompanying this form for more information on the type of documentation needed.

3 Delivery Options

- Rush Delivery.** You may have the money sent rush delivery to the employee address in Section 1. In order to utilize rush delivery, **your address in Section 1 CANNOT be a P.O. Box.** Funds will be sent overnight as soon as they are available and processing is complete. The fee to rush deliver the check will be \$20.00 and is deducted from the distributed amount. Some checks may not be eligible for rush delivery, in which case no fee will be deducted from the distributed amount and the check will be sent standard mail.
- Regular Mail.** Please allow 7-10 business days.
- Electronic Fund Transfer** ACH WIRE

Name of Financial Institution

Financial Institution Address (Street Address, City, State, Zip)

Financial Institution
Phone Number

Financial Institution
ABA (Routing) Number

Financial Institution
Account Number

Checking Savings
Account Type

NOTE: Please consult your bank before initiating an electronic funds transfer to your bank account as a fee may be associated in transferring funds electronically.

4 Tax Withholding

A Federal Tax Withholding of 10% will be withheld at the time the hardship withdrawal is taken unless you elect to have no federal taxes withheld. However, when you file your personal taxes at the end of the year you will be responsible for federal taxes on the distributed amount.

Please elect one of the following"

Select one: 0% 10% Other: _____%

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