

# 403(b) Hardship Application



Fringe Benefits Consortium

Instructions	<ul style="list-style-type: none"> <li>• Please allow 10-15 days for delivery assets after form has been received and determined to be in good order.</li> <li>• Upon completion of this form please fax a copy to (800) 597-8206</li> <li>• <b>A \$50.00 processing fee will be charged to your account</b></li> </ul>		
Employee Information	Employee Name	Social Security Number	Current Date
	Mailing Address	Date of Birth	Home Phone Number
	(Street)  (City, State, Zip)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Business Phone Number
Nature and Description of Hardship	<p>In the space provided below, indicate the nature of the hardship for which you are requesting a withdrawal from the Plan. You may attach additional pages if more space is needed. You may also attach any documents which you feel would help prove that you have a financial hardship. As part of the review process, the Plan Committee may require additional proof of your financial hardship.</p> <p><input type="checkbox"/> Payment of medical care expenses previously incurred by the participant or the participant's spouse or dependents. Expenses necessary to obtain medical care are also covered.</p> <p><input type="checkbox"/> Costs related to the purchase of a participant's principal residence (not including mortgage payments).</p> <p><input type="checkbox"/> Payment of the next 12 months of postsecondary tuition and related educational fees for the participant, the participant's spouse, or dependents.</p> <p><input type="checkbox"/> Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence.</p> <p><input type="checkbox"/> Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents</p>		
Disclosure	<p><b>Hardship Withdrawal Provisions</b> - The Plan permits hardship withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan Committee that the reason for the hardship withdrawal complies with the applicable requirements under the Internal Revenue Code and that such hardship imposes an immediate and heavy financial burden upon such participant. Hardship withdrawals are limited to bona fide financial emergencies as determined by the Plan Committee. A hardship withdrawal cannot be applied for until all other options have been exhausted. These options include: insurance, reasonable liquidation of the employee's assets, cessation of elective deferrals to the plan, or other distributions or loans from the employer's plan(s) or a commercial loan asset liquidation. You will need to consult with your financial advisor to determine if there will be a 10% early withdrawal penalty when you file your taxes for the year in which Hardship Withdrawal is taken.</p> <p><b>Amount Available for Withdrawal</b> - If you have a qualified hardship, you may withdraw the amount necessary to meet the need created by the hardship, as long as the amount withdrawn does not exceed your verified total deferrals. The total amount of the withdrawal cannot exceed the value of your deferral account. (Post-1/1/1989 earnings on the deferral account are not available for withdrawal.)</p> <p><b>Penalties</b> - If you withdraw funds from the Plan, you cannot make any deferral contribution to the Plan for 6 months after the withdrawal.</p>		
Hardship Amount	<p>Remember that the amount of your hardship withdrawal cannot exceed the total verifiable deferrals into your account.</p> <p>Amount \$ <input type="text"/></p>		
Spousal Consent	<p>I, the spouse of the above named employee, acknowledge and consent to the above distribution. I understand that in consenting to this distribution I will be waiving rights to other distribution benefits that I would be legally entitled to receive at a later date.</p> <p>_____ Spouse's Signature</p> <p>_____ Date</p>		
Employee Signature	<p>I have read and I understand this application for hardship withdrawal. I certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above. I consent to the immediate distribution of the withdrawal to me in a single sum cash payment. I declare under penalty of perjury under the laws of the state of California that the information I have supplied on this application for the hardship withdrawal is true and complete in all respects.</p> <p>_____ Employee Signature</p> <p>_____ Date</p>		
FBC Use Only	<p>_____ FBC Authorized Signature</p> <p>_____ Date</p>		