

AFPlanServ® 403(b) Hardship Distribution Authorization Form

Participant Instructions

This form can be completed to request a hardship distribution from your current employer's 403(b) Plan. Please attach provider certification to this form and submit to AFPlanServ® along with proper documentation to confirm the amount of your financial hardship. Your request will not be approved without the receipt of the proper documentation verifying your hardship. This documentation cannot be more than 60 days old. Please note that your investment provider may also require its own paperwork in addition to this form. After this form and all supporting documentation has been received in good order by AFPlanServ®, it will be reviewed, and if approved, forwarded to you or your provider based on the method you indicate below.

Step 1: Participant Information

Name _____ Social Security Number _____ Date of Birth ____/____/____

Mailing address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employer _____

Step 2: Select Qualifying Event for Hardship Distribution: A hardship withdrawal cannot be requested until all other sources of assets have been exhausted. If all other sources of assets have been exhausted, please select the applicable event for which you are requesting a distribution and provide the amount. You must provide bills or invoices to substantiate the amount of financial hardship requested. You may be required to submit additional documentation should it be determined that further information is needed to approve your request.

- Unpaid medical bills for participant or participant's spouse, dependents, and beneficiaries \$ _____
- Expenses including tuition, room and board and any other related fees for the next 12 months of post-secondary education for the participant or participant's spouse or dependents \$ _____
- Purchase of a primary residence (excluding mortgage payments) \$ _____
- Prevent eviction from or foreclosure of primary residence \$ _____
- Funeral expenses for immediate family members, dependents, and beneficiaries \$ _____
- Expenses to repair damage to a primary residence if those expenses qualify for deduction on the participant's income tax return \$ _____
- Expenses and losses (including loss of income) incurred by the employee on account of a federally declared disaster in an area designated by the Federal Emergency Management Agency (FEMA). \$ _____

Step 3: Provider information (source of assets): Please indicate the name of the provider from which you wish to take a hardship distribution

Provider _____ Account number(s) _____

Step 4: Participant acknowledgment

By signing this form, I certify that the information I have provided is accurate and I have satisfied all of the requirements to request this transaction and have verified that it is permissible under the terms of my 403(b) Plan and the terms of the annuity contract(s)/custodial account(s) indicated above. I understand and agree that the involvement of the third-party plan administrator in this transaction is limited to this authorization.

Participant Signature _____ Date _____

Hardship distribution amount requested \$ _____

Please return the approved form to: Participant Provider

AFPlanServ® Use Only

AFPlanServ® Authorized Signature _____ Approval Date _____

Maximum hardship amount approved, if available from account \$ _____