

403(b) Hardship Distribution Request

Please complete this form to request a hardship distribution from your current employer's 403(b) Plan. **Please note that your investment provider may require their own paperwork along with this form. Hardship distributions are subject to income tax unless taken from Roth contributions and additional tax penalties could apply.**

Participant Information

Full Name: (last, first, middle initial)	
Address: (street, city, state and zip)	
Social Security Number:	Date of Birth: (MM/DD/YYYY)
Phone Number: (with area code)	Email Address:
Employer:	

IMPORTANT: If you are no longer with the employer you established this 403(b) account with, you are eligible for a regular distribution and should complete a distribution form instead. This form can be found at afplanserv.americanfidelity.com/forms/

Provider Information

Please indicate the name of the provider from which you wish to take a hardship distribution.

Provider:
Account Number:

Hardship Distribution Qualifying Event

A hardship withdrawal can only be requested once all other sources of assets have been exhausted and the amount of the distribution cannot exceed the immediate and heavy financial need. If all other sources of assets have been exhausted, please select the applicable reason for requesting a hardship distribution and provide the amount needed to satisfy the hardship. In the event of an audit, the IRS may require documentation. Be sure to keep a copy of your documentation with your request.

- ☐ \$_____ Significant medical expenses incurred by me, my spouse, my beneficiary or my dependents for medical care or to obtain medical care (not covered by insurance or other coverage)
- ☐ \$_____ The payment of tuition, related educational fees or room and board for the next 12 months of post-secondary education for myself, my spouse, my beneficiary, or my dependents
- ☐ \$_____ Costs related to the purchase of my primary residence (not including mortgage payments)
- ☐ \$_____ Payment necessary to prevent eviction or foreclosure on a mortgage on my principal residence
- ☐ \$_____ Burial or funeral expenses for my parent, spouse, beneficiary or dependent.
- ☐ \$_____ Expenses to cover losses incurred on account of a federally declared disaster designated by the Federal Emergency Management Agency
- ☐ \$_____ Expenses for the repair of damage to a primary residence that are deductible for federal tax purposes.
Please provide a detailed explanation of how and when the damage to your primary residence occurred:

Amount Needed and Acknowledgement

I certify that the specific amount of my hardship is \$_____ and that I am not capable of satisfying this need by any of the following means described below. *If no amount is entered above, this request will automatically be denied.*

- Reimbursement or compensation from insurance or any other source
- Stopping my contributions to the Plan or any other Plan
- Getting a distribution from the Plan or any other Plan
- Getting a loan from a commercial lender
- The sale of my assets

I agree to preserve source documents supporting the expense and the amount requested and to make them available at any time, upon request, to the employer or administrator. This may include documents which provide:

- Total cost and details of the event causing hardship. For example: Total cost and type of medical care or education expenses, total cost and details of funeral or burial expenses, details about payment needed to avoid foreclosure or eviction, total costs and details about a casualty loss sustained.
- Proof that the participant, spouse, dependent or primary beneficiary under the plan incurred the expense.
- The address of the location and proof that it is the participant's principal residence.

Specific information for each type of hardship request can be found at [irs.gov/pub/foia/ig/spder/tege-04-0217-0008.pdf](https://www.irs.gov/pub/foia/ig/spder/tege-04-0217-0008.pdf).

Required Signature

By signing this form, I certify that the information I have provided is accurate. Additionally, I have satisfied all 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.

Signature: _____ Date: _____

AFPlanServ® Use Only	
AFPlanServ Authorized Signature	
Maximum hardship amount approved, if available: \$	Approval Date: (MM/DD/YYYY)