

403(b) Plan Financial Hardship Self-Certification

First Financial Administrators, Inc.



EMPLOYEE INFORMATION <small>(Please Print)</small>				
FIRST NAME	MI	LAST NAME	SSN	
ADDRESS <small>(PO Box Unacceptable)</small>		CITY	STATE	ZIP
PHONE <small>(Between Hours of 8am-5pm)</small>	EMPLOYER		PROVIDER COMPANY NAME	
I REQUEST A WITHDRAWAL IN THE AMOUNT OF <small>(Amount not to exceed the hardship need)</small> \$ _____			DATE OF LAST DEFERRAL	

THE FOLLOWING DOCUMENTATION MUST BE PROVIDED FOR REVIEW/APPROVAL, IF REQUESTED
(Please see attachment 1)

Attachment 1 outlines the information for which you will need to retain documentation to demonstrate both that you meet the requirements for the hardship withdrawal you are requesting and for the requested amount. By making the request for this distribution you agree that you have read the requirements for the applicable hardship and have documentation to show that you meet these requirements including the amount of distribution requested.

I hereby certify that I have incurred a financial hardship as defined by the Internal Revenue Service regulations §1.401(k)-1(d)(3)(i). I certify that one of the following circumstances does exist concerning the participant, or an immediate family member who depends upon the participant for support.

- Medical expenses incurred by the participant, participant's spouse or dependent
- Purchase of participant's primary residence (excluding mortgage payments)
- Payment of the next 12 months of postsecondary tuition and related education fees
- Prevention of foreclosure of the primary residence
- Funeral expenses for the participant's parent, spouse, children or dependent
- Certain expenses to repair damage to the employee's primary residence (please see additional information in CIII)

Hardships are not allowed for the repayment of credit card debt or student loans.

Your tax-sheltered annuity account is a supplemental retirement account and not a savings account. The income tax laws regulating this tax-sheltered annuity plan require that you have no other available source of funds before requesting a hardship withdrawal. If you have insurance, a savings account, other retirement plans, or if you have any assets, the sale of which would help pay the expenses of your emergency, then you must first make use of these resources before drawing on your annuity account. If the sale of an asset would cause you further financial hardship, however, such sale is not required.

EMPLOYEE SIGNATURE (REQUIRED)

By signing this form, I certify that the information I have provided is accurate and 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. Additionally, I certify that the specific amount of my Financial Hardship is listed above and that I am not capable of satisfying this need, as described, by any other means. If no amount is entered above, this request will automatically be denied. I certify that I have source documents supporting my qualification for the hardship withdrawal (the need and the amount), and I agree that I will preserve these documents and make them available at any time, upon request to the employer or the administrator.

Under penalty of perjury, I swear that the information provided or attached to this form is true and correct to the best of my knowledge.

EMPLOYEE SIGNATURE: _____ DATE: _____

NOTARY

Subscribed and sworn before me this _____ day of _____, 20_____

NOTARY SIGNATURE: _____

My commission expires: _____

SEAL/STAMP

Attachment I

HARDSHIP SUBSTANTIATION INFORMATION AND NOTIFICATIONS FOR SUMMARY OF SOURCE DOCUMENTS

I. Notifications that the Employer/Administrator Must Provide to the Employee

- The hardship distribution is taxable and additional taxes could apply.
- The amount of the distribution cannot exceed the immediate and heavy financial need.
- Hardship distributions cannot be made from earnings on elective contributions or from QNEC or QMAC accounts, if applicable.
- The recipient agrees to preserve source documents and to make them available at any time, upon request, to the employer or administrator.
- If you have terminated employment with the employer that sponsors this 403(b) plan or you are over 59 ½ and the 403(b) plan permits in service distributions after age 59 ½, you should request a normal distribution and not a distribution due to hardship.

II. General information for All Hardship Requests

- Participant's name
- Total cost of the event causing hardship (for example, total cost of medical care, total cost of funeral/burial expenses, payment needed to avoid foreclosure or eviction)
- Amount of distribution requested
- Certification by the participant that the information provided is true and accurate

III. Specific Information for Which Documentation Must be Retained

- **Medical Care**
 - Who incurred the medical expenses (name)?
 - What is the relationship to the participant (self, spouse, dependent, or primary beneficiary under the plan)?
 - What was the purpose of the medical care (not the actual condition but the general category of expense, for example, diagnosis, treatment, prevention, associated transportation, long-term care)?
 - Name and address of the service provider (hospital, doctor/dentist/chiropractor/ other, pharmacy)
 - Amount of medical expenses not covered by insurance
- **Purchase of Principal Residence**
 - Will this be the participant's principal residence?
 - Address of the residence
 - Purchase price of the principal residence

- Types of costs and expenses covered (down-payment, closing costs and/or title fees)
- Name and address of the lender
- Date of the purchase/sale agreement
- Expected date of closing

C. Educational Payments

- Who are the educational payments for (name)?
- What is the relationship to the participant (self, spouse, child, dependent, or primary beneficiary under the plan)?
- Name and address of the educational institution
- Categories of educational payments involved (post-high school tuition, related fees, room and board)
- Period covered by the educational payments (beginning/end dates of up to 12 months)

CI. Foreclosure/Eviction from Your Principal Residence

- Is this the participant's principal residence?
- Address of the residence
- Type of event (foreclosure or eviction)
- Name and address of the party that issued the foreclosure or eviction notice
- Date of the notice of foreclosure or eviction
- Due date of the payment to avoid foreclosure or eviction

CII. Funeral and Burial Expenses

- Name of the deceased
- Relationship to the participant (parent, spouse, child, dependent, or primary beneficiary under the plan)
- Date of death
- Name and address of the service provider (cemetery, funeral home, etc.)

CIII. Repairs for Damage to Principal Residence

- Is this the participant's principal residence?
- Address of the residence that sustained damage
- Briefly describe the cause of the casualty loss (fire, flooding, type of weather-related damage, etc.), including the date of the casualty loss. This does not apply for normal maintenance or aging of systems (for example, replacing an old roof or AC unit)
- Briefly describe the repairs, including the date(s) of repair (in process or completed)