

403(b) PLAN TRANSACTION REQUEST FORM

HARDSHIP WITHDRAWAL

- Please supply the information requested below.
- Read all agreements on this form before submitting.
- Fields having an asterisk notation are required.

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

After verifying your eligibility to receive a hardship withdrawal, TDS will sign off on your transaction and, unless otherwise notified, forward it directly to your service provider so that your funds may be issued.

Hardship Information & Requirements

A hardship distribution is a distribution of funds from your 403(b) account due to an immediate and heavy financial need. Seven circumstances are deemed by the IRS to constitute an immediate and heavy financial need:

- Medical expenses for the employee or his/her spouse or dependents
- Costs for the purchase of a principal residence
- Tuition and related educational expenses for the employee or his/her spouse or dependents
- Payments necessary to prevent eviction from or foreclosure on a primary residence
- Burial or funeral expenses for the employee's parent, spouse, or dependents
- Repair of damage to the employee's principal residence
- Expenses and losses incurred on account of a FEMA declared disaster

Other requirements particular to hardship distributions are:

- The amount of the hardship distribution cannot exceed the amount of the immediate and heavy financial need.
- Hardship distributions can only be made from employee contributions and qualified employer non-elective and matching contributions made to a non-custodial account.

Your employer has hired TDS to authorize hardship distributions from its 403(b) plan. Accordingly, TDS only approves hardship distributions meeting one of the seven categories and requires supporting documentation. Particular requirements and examples of supporting documentation for each of the categories are listed below.

1. Medical expenses for the employee or his/her spouse or dependents

REQUIREMENTS:

Expenses must not be covered by insurance. If the participant is not the recipient of the medical care, documentation showing the relationship must be provided (e.g. copy of federal tax return; marriage certificate)

SUPPORTING DOCUMENTATION:

- Medical bill dated within the last 3 months showing the amount due
- Explanation of benefits from your insurance company dated within 3 months
- Notice from collection agency dated within 3 months
- Estimate of treatment costs from your doctor dated within 3 months

2. Costs for the purchase of a principal residence

REQUIREMENTS:

Costs do not include mortgage payments

SUPPORTING DOCUMENTATION:

- Purchase contract AND Good Faith Estimate (if applicable)
- Purchase contract must be signed by both buyer and seller
- Purchase contract must include selling price and property address
- Closing date in purchase contract must not have passed

3. Tuition and related educational expenses for the employee or his/her spouse or dependents

REQUIREMENTS:

Educational expenses must be for the next 12 months of post secondary education

SUPPORTING DOCUMENTATION:

- Tuition, room and board and/or meal plan bill not covered by financial aid or loans
- Written estimate of book costs
- Lease agreement for off campus housing
- Written estimate of projected costs AND course catalog information and fee schedules on educational institution letterhead
- If the employee is not the student, documentation showing the relationship must be provided (e.g. copy of federal tax return; marriage certificate)

4. Payments necessary to prevent eviction from or foreclosure on a primary residence

REQUIREMENTS:

The eviction date or date for payment must not have passed

SUPPORTING DOCUMENTATION:

- Eviction notice showing the monthly rental amount and amount necessary to prevent eviction
- Notice of delinquency showing the amount of past due rent
- Foreclosure notice from the mortgage company showing the amount that is past due
- Notice from the mortgage company showing the amount past due in mortgage payments and payment deadline to avoid foreclosure
- Court order indicating foreclosure and an amount that is necessary to prevent foreclosure and payment deadline date
- Letter from an attorney indicating the amount necessary to reinstate the mortgage or redeem the property and payment deadline date

5. Burial or funeral expenses for the employee's parent, spouse, or dependents

SUPPORTING DOCUMENTATION:

- Documentation demonstrating the relationship must be provided (e.g. copy of death certificate; copy of federal tax return; copy of participant birth certificate)
- Statement from the funeral home showing the related costs and services
- Statement from the cemetery for burial costs

6. Repair of damage to the employee's principal residence

REQUIREMENTS:

Expenses must be for the repair of damage caused by an event that is sudden or unexpected. (Home improvements do not qualify)

SUPPORTING DOCUMENTATION:

- Contractors estimate or bill showing the cause of damage and cost of repair and dated within the last 3 months
- Explanation of insurance benefits showing any repairs not covered by insurance

7. Expenses and losses (including loss of income) incurred by the Employee on account of a FEMA declared disaster, provided that the Employee's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

SUPPORTING DOCUMENTATION:

- Contractor estimates or bill relating to repairs to residence damage caused by the FEMA disaster.
- Receipts for employee expenses that were incurred because of the FEMA disaster area.

Part 1: Employee Information

* Social Security Number: * First Name: MI: * Last Name:

* Address:

* City: * State: * Zip: * Date of Birth:

* Phone: * Email address:

There is a financial advisor/representative associated with the transaction.

Sales Agent/Representative Name:

Phone: Email:

I wish the above named agent to be copied on all email communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction. (Requires agent's email address to be provided above)

Part 2: Distributing Account Information

* Please provide the full Organization Name, City and State for the employer from whose Plan you wish to withdraw funds:

* Please provide the following information for the service provider who will be distributing (paying out) the funds for this transaction:

*Service Provider Company:

Account Number:

Amount to be Distributed:

Part 3: Hardship Circumstances

- Medical care expenses previously incurred by the employee, the employee's spouse, any dependents of the employee, or the employee's primary beneficiary under the 403(b) plan, necessary for these persons to obtain medical care (you must provide supporting documentation, e.g. doctor's certification, hospital bills, explanation of benefits by insurance company)
- Costs directly related to the purchase of a principal residence for the employee (excluding mortgage payments) (you must provide supporting documentation)
- Payment of tuition, related educational fees, and room and board expenses, for the next 12 months of post-secondary education of the employee, or the employee's spouse, children, dependents, or primary beneficiary under the 403(b) plan (you must provide supporting documentation)
- Payment necessary to prevent eviction of the employee from the employee's principal residence or foreclosure on the mortgage on that residence (you must provide supporting documentation, e.g. bank's foreclosure notice)
- Payment of funeral expenses for the employee's spouse, dependent, or primary beneficiary under the 403(b) plan (you must provide supporting documentation, e.g. death certificate, funeral home bill)
- Certain expenses relating to the repair of damage to the employee's principal residence (you must provide supporting documentation, e.g. proof of loss, contractor's estimates, insurance adjuster's estimates)
- Expenses and losses (including loss of income) incurred by the Employee on account of a FEMA declared disaster, provided that the Employee's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

* Date Hardship First Occurred:

If total amount being requested is not fully represented by supporting documentation, how did you arrive at the amount?

Part 4: Alternate Option Confirmations

1. Is the amount requested more than the amount required to satisfy your financial need (including any amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution)? Yes No
2. Do you have available distributions, other than a hardship distribution or loan, under any other plan? Yes No
3. Do you have sufficient cash or other liquid assets to satisfy your financial need? Yes No

Part 5: Employee Signature (Mandatory)

I have read the TDS Hardship Information Sheet on Page One of this form and am aware of the criteria necessary to qualify for a hardship distribution.

By signing below, I hereby confirm that the information on this form is correct and complete to the best of my knowledge.

Employee Signature:

Date:

Please return this form to Tax Deferred Solutions, unless otherwise advised by your employer.

**Tax Deferred Solutions
6939 Sunrise Blvd, Suite 250
Citrus Heights, CA 95610**

**Phone: (866) 446-1072
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