



## **403(b) Hardship Authorization Form**

### **Participant Instructions**

The 403(b) Hardship Authorization Form must be submitted to National Benefit Services, LLC. (NBS), the third party administrator, to authorize any hardship distribution of 403(b) amounts from your employer or former employer's 403(b) plan. You must attach appropriate documentation providing evidence of the nature and amount of the hardship. The investment provider will require its own paperwork in addition to this form. We encourage you to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the investment provider indicated on page 2 unless you clearly indicate otherwise.

**Upon completion, fax (1-800-597-8206), email, or mail a copy of the form to National Benefit Services, LLC. Inquiries regarding the status of your hardship withdrawal request may be directed to NBS at (800) 274-0503 ext 5.**

After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days.

### **Investment Provider Instructions**

NBS represents this hardship withdrawal of 403(b) amounts is permitted by the employer's plan and is in accordance with the 403(b) Provider/Information Sharing Agreement (Agreement) entered into by your company and NBS (if applicable) provided that NBS has signed on page 2. The investment provider should distribute no more than the amount indicated in the Maximum Eligible Hardship Amount box. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).

### **Penalties**

If you withdraw funds from the Plan, you cannot make any deferral contributions to the Plan for 6 months after the withdrawal. Please submit a Salary Reduction Agreement to stop contributions. You are responsible to submit paperwork requesting that contributions begin again.

### **General Information**

The Plan and IRS define certain circumstances that can qualify for a hardship distribution from the Plan if you have exhausted all other sources of assets including loans. These are the only circumstances under which you may qualify for a hardship under the Plan. Evidence of the hardship must be provided to document both the nature and amount of the hardship. As a general rule, documentation should be current, dated, unpaid, and as descriptive as possible.

### **Eligible Hardship Reasons**

**Secondary Education:** Allowable Expenses: Tuition, fees, and room and board for up to the **next 12 months** of post-secondary education (such as through a university, college, or technical school) for you, your spouse, or dependent. Note that post-secondary education expenses for education already obtained does not qualify. Documentation Required: Tuition bill or financial statement from the institution that details the actual or estimated costs, fees, and expenses. If room and board expenses are also requested, a statement from the landlord or residence hall. The dates of the semesters or educational period should be identified.

**Purchase of Primary Residence:** Allowable Expenses: Costs directly related to the purchase of your principal residence such as a down payment or closing costs. Mortgage payments are not eligible. Documentation Required: A statement from the mortgage company, realtor, or builder on their letterhead detailing the amounts of the down payment or closing costs. Commonly, this information is included in a "good faith estimate" provided by the lender. An estimated closing date should be provided.

**Prevent Eviction or Foreclosure:** Allowable Expenses: Amounts needed to prevent eviction from your primary residence or amounts needed to prevent foreclosure on your primary residence. Documentation Required: Current written statement or notice from landlord, bank, or mortgage company on their letterhead detailing amounts due necessary to prevent the eviction or foreclosure.

**Health Expenses:** Allowable Expenses: Cost of medical or dental expenses for you, your spouse, or dependent that is not otherwise covered by insurance. Note that elective procedures, including most orthodontics, are not eligible. Documentation Required: Recent bill or explanation of benefits (EOB) from your insurance provider identifying the portion of the expenses that are your responsibility. If upfront payment is required to obtain medical care, a statement from the provider with an estimate of the costs to the patient. Documentation should include dates of service and explanation of services provided.

**Funeral Expenses:** Allowable Expenses: Burial or funeral expenses for your parent, spouse, child, or dependent. Documentation Required: Statement from funeral director or cemetery identifying services and costs together with deceased name, date of death, date of funeral or burial.

**Damage to Principal Residence:** Allowable Expenses: Certain expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Internal Revenue Code Section 165. For tax years 2018 – 2025, the casualty deduction is available only for losses attributable to a federally declared disaster. Documentation Required: A copy of receipts for repairs or materials to repair your principal residence, Insurance claim form showing the amount not reimbursed through the insurance coverage (do not include expenses for repair or replacement of any other personal property). A casualty event cannot be progressive in nature.

# 403(b) Hardship Authorization Form



## 1 Participant Information

Participant Name		Participant Email Address	
Participant Mailing Address, City, State, Zip Code		Employer Name	Employer State
Personal Phone Number	Work Phone Number	Date of Birth	Social Security Number
Financial Advisor/Agent Name		Financial Advisor/Agent Phone Number	

## 2 Hardship Reason

In the space provided below, indicate the nature of the hardship for which you are requesting a withdrawal. **You must attach appropriate documentation providing evidence of the nature and amount of the hardship. Please see the accompanying page for more information on the type of documentation needed. Failure to provide adequate documentation will delay the processing of your transaction.**

- Payment for or to obtain medical care for the participant, the participant's spouse, or dependents.
- Costs related to the purchase of a participant's principal residence (not including mortgage payments).
- Payment of the next 12 months of postsecondary tuition and related educational fees for the participant, the participant's spouse, or dependents.
- Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence.
- Payments for burial or funeral expenses for the employee's deceased parent, spouse, children, or dependents.
- Certain expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Internal Revenue Code Section 165 and are attributable to a federally declared disaster.

## 3 Investment Provider Information

Investment provider from which 403(b) amounts will be withdrawn. This form and all accompanying paperwork will be sent to the investment provider below unless instructed otherwise.

Investment Provider	Account Number	Phone Number
Mailing Address, City, State, Zip Code		Fax Number

## 4 Hardship Amount and Participant Approval

I hereby certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above. I declare under penalty of perjury that the information I have supplied on this application for hardship withdrawal is true and complete in all respects. I recognize that the information contained on and attached to this form will be shared with authorized third parties including National Benefit Services, LLC (NBS) and the surrendering provider as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the release of non-public information pertaining to the above accounts and transaction to NBS representatives as necessary to administer the plan. I understand that taxes and tax withholding may apply to any distribution I receive that is not rolled over. Additionally, a 10% IRS penalty may be assessed for early distributions. (Consult with a tax advisor for tax-related questions.)  **I have submitted a new SRA to suspend contributions for a 6 month period.**

Employee Signature (Required)	Date	\$ Requested Hardship Amount
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## 5 For NBS Use Only

NBS Signature(Required)	Date	\$ Maximum Eligible Hardship Amount
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