

Your districts Plan and the 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 of the hardship and amount of the hardship. As a general rule, documentation should be current, **dated within 90 days**, unpaid, and as descriptive as possible. Hardship applications and documentation will be reviewed for compliance with Plan and IRS rules. Submission of an application and documentation does not guarantee approval.

Hardship Questionnaire

- a) I can alleviate this hardship by stopping contributions to my retirement plan(s). Yes No
- b) I can receive reimbursement from insurance or other sources to pay these expenses. Yes No
- c) I can secure a personal loan to pay these expenses. Yes No
- d) I have taken all available loans from this 403(b) plan or another plan. Yes No
- e) I can liquidate assets to pay these expenses. Yes No

Participant Acknowledgement (REQUIRED): I have responded to the above questionnaire and certify that this distribution is necessary to pay for the hardship stated on the attached Plan Hardship Distribution Authorization Form.

Initials

If you have exhausted all other financial resources and have no other sources to pay for this hardship, please review the eligible hardship reasons below to ensure that your hardship meets one of the following allowable reasons. Proper documentation is necessary to assist with determining the net amount your request may be approved for.

Eligible Hardship Reasons:

Post-Secondary Education	<p>Allowable Expenses: Tuition, fees, 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: Loan repayment and post-secondary education expenses for education already obtained or paid for does <u>not</u> qualify.</p> <p>Documentation Required: Tuition bill or financial statement from the institution that details the actual or estimated costs with specific student information, 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 need to be identified.</p>
Purchase of Primary Residence	<p>Allowable Expenses: Costs directly related to the purchase of your primary residence such as a down payment or closing costs. Mortgage payments or second homes are not eligible.</p> <p>Documentation Required: A statement from the mortgage company, realtor, or builder detailing the amounts of the down payment or closing costs. Commonly, this information is included in a "Good Faith Estimate" or "Loan Estimate" provided by the lender. An estimated closing date should be provided.</p>
Prevent Eviction or Foreclosure	<p>Allowable Expenses: Amounts needed to prevent eviction from your primary residence or amounts needed to prevent foreclosure on your primary residence.</p> <p>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. If written statement from landlord is provided, you must include a copy of the lease agreement.</p>
Health Expenses	<p>Allowable Expenses: Cost of medical or dental expenses for you, your spouse, or dependent that is not otherwise covered by insurance. Note: Elective procedures, including most orthodontics, are not eligible.</p> <p>Documentation Required: Recent bill from your medical/dental 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. Insurance statements are not sufficient.</p>
Funeral Expenses	<p>Allowable Expenses: Burial or funeral expenses for your parent, spouse, child, or dependent.</p> <p>Documentation Required: Statement from funeral director or cemetery identifying services and costs together with deceased name, date of death, date of funeral or burial.</p>
Damage to Primary Residence	<p>Allowable Expenses: Certain expenses for the repair of damage to my primary residence that would qualify for the casualty deduction under Internal Revenue Code Section 165.</p> <p>Documentation Required: A copy of receipts for repairs or materials to repair your primary 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.</p>

A hardship distribution is a distribution from a qualified retirement plan (403(b) or 403(b) Designated Roth Account), prior to severance from service, to an individual with an immediate and heavy financial need as a result of an unexpected or extraordinary event. If you find that you have an eligible hardship reason, and have exhausted all other resources, submit this form along with your investment provider paperwork to SchoolsFirst Plan Administration for authorization. Documentation is also needed as the IRS requires your TPA to authorize the specific dollar amount necessary to alleviate your financial hardship. As a general rule, the documentation you provide should be dated within 90-days, unpaid, and as descriptive as possible. Please be aware that this may be a taxable event and could also be subject to an additional 10% early withdrawal penalty if you are under the age of 59½. You will receive a Form 1099-R from your investment provider in January of the year following your hardship distribution. For questions specific to your situation we recommend that you speak with a tax advisor.

IRS regulations require your voluntary contributions to all plan types with your current employer to stop for a 6-month period following the hardship distribution. By signing this form you are authorizing SchoolsFirst Plan Administration to stop contributions to all applicable plans. A new Salary Reduction Agreement will need to be submitted to start contributions at the end of the 6-month period.

Note: Please allow 5-7 business days for review and authorization. Missing or incomplete documentation will result in a delay of your request.

1 Participant Information

First Name _____		Last Name _____		Social Security Number (REQUIRED) _____		Date of Birth _____	
Street Address _____			City _____		State _____	Zip Code _____	Daytime Phone # _____
School District Listed As Employer on this Account (REQUIRED) _____				Participant Email Address _____			
Financial Advisor/Agent Name _____				Financial Advisor/Agent Phone Number _____			

2 Hardship Reason

Select one of the following hardship reasons and attach appropriate documentation. Refer to the 403(b) Hardship Documentation Guidelines for details.

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|--|--|--|
| <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Prevent Eviction or Foreclosure | <input type="checkbox"/> Funeral Expenses |
| <input type="checkbox"/> Purchase of Primary Residence | <input type="checkbox"/> Health Expenses | <input type="checkbox"/> Damage to Primary Residence |

3 Hardship Amount & Provider Information

Please provide a specific dollar amount for your request (the amount should match the documentation provided) and the contact information for the 403(b) investment provider you are requesting the hardship from.

Amount: The amount available for withdrawal cannot exceed the total verifiable deferrals contributed to the account and cannot include interest or earnings.

\$ _____
Amount Requested

Investment Provider Name _____		Account Number _____		Phone Number _____	
Investment Provider Street Address _____			City _____	State _____	Zip Code _____

4 Forwarding Instructions

Please provide a valid fax number for the Investment Provider listed above or indicate a contact you would like the authorized form faxed to. If no fax number is provided below your forms will be sent to the default number on record (if available). These forms contain non-public personal information and will not be emailed.

Fax Number _____	Attention (if applicable) _____
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5 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 understand this transaction is reportable to the IRS and is a taxable event. Additionally, a 10% IRS penalty may be assessed for early distributions.

By signing below, I authorize my Administrator to stop all contributions to the plan and I understand that after 6 months, I am eligible to contribute again.

Participant Signature (REQUIRED) _____	Date _____
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6 For SchoolsFirst Plan Administration Use Only

Authorized SchoolsFirst Plan Administrator Signature (REQUIRED) _____	Date _____	\$ _____
		Maximum Eligible NET Hardship Amount

Required Documents

A SchoolsFirst Plan Administration Plan Authorization Form must be submitted to SchoolsFirst Plan Administration to authorize any transaction involving 403(b) or Roth 403(b) amounts from investment providers of your employer or former employer’s plan. The investment provider may require its own paperwork in addition to our Authorization Form. Authorization Forms provide a summary of critical information regarding your request that assists us with authorizing the transaction. Please review the instructions below to ensure that you are providing all necessary documents to expedite the authorization process.

Authorization Type	Include the Following Documentation
Distribution/Rollover	1. Completed Investment Provider distribution/rollover paperwork. 2. Completed SchoolsFirst Plan Administration Plan Distribution/Rollover Authorization Form. Requires a distributable event (i.e., age 59 ½, RMD, separation from service, death, disability, QDRO, or excess correction) Note: Part-time substitute and adjunct employees are not considered separated from service. Verification of your distributable event is required. For age related events, please include a copy of a valid ID for verification.
403(b) Hardship Withdrawals	1. Completed Investment Provider hardship distribution paperwork. 2. Completed SchoolsFirst Plan Administration Plan Hardship Authorization Form and Hardship Questionnaire. 3. Proof of unpaid hardship expenses equal to or more than the amount requested. Note: Contributions to all employer plans under this district must cease for a 6-month period for a hardship distribution to be approved. See Plan Hardship Distribution Documentation Guidelines for clarification on qualified hardship reasons and specific documentation guidelines.
Exchanges*	1. Completed Investment Provider exchange paperwork. 2. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.
Purchase of Service Credit	1. Completed Investment Provider paperwork. 2. Completed STRS, PERS or PARS paperwork. 3. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.
Plan Loans	1. Completed Investment Provider loan paperwork. 2. Completed SchoolsFirst Plan Administration Plan Loan Authorization Form. 3. Current account statements for each Investment Provider listed on the authorization form. Note: If requesting a residential loan, proof of home purchase must also be submitted. If a default has been repaid, offset or otherwise returned to good standing, please provide proof.
QDRO Distribution/Rollover	1. Completed SchoolsFirst Plan Administration QDRO Distribution/Rollover Authorization Form. 2. Documentation pertaining to the division of retirement assets due to divorce.
<p>*Exchanges As of January 1, 2009, participants may only exchange their accounts among the approved providers in the employer’s 403(b) Plan. To verify that the provider you have selected is an approved provider, review the SchoolsFirst Plan Administration Approved Provider List available online at www.schoolsfirstfcu.org.</p>	

Processing Time Commitment

After this form has been received by SchoolsFirst Plan Administration in good order, it will be forwarded to your Investment Provider in 5-7 business days. Once authorized, please contact your Investment Provider to obtain information regarding the status of your request.

Submission Instructions

To expedite processing, fax the required forms for your request (as listed above) to: **Attention: Retirement Plan Administration 714.258.4262**

Forms may also be returned to a SchoolsFirst FCU branch location or mailed to: **SchoolsFirst Plan Administration
Attention: Retirement Plan Administration
P.O. Box 11547
Santa Ana, CA 92711**

Questions? Contact us at 800.462.8328, extension 4727

Our Plan Administrators are available to assist you Monday through Friday, 7 a.m. to 7 p.m., and Saturdays, 9 a.m. to 3 p.m. Pacific Time.

SchoolsFirst Plan Administration is not responsible for transaction requests that are submitted to an incorrect number resulting in personal or private information sent to a wrong location. Please check the fax number carefully before sending requests to SchoolsFirst Plan Administration.