

# 403(b) Hardship Documentation Guidelines

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 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).  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) I can receive reimbursement from insurance or other sources to pay these expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) I can secure a personal loan to pay these expenses.                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) I can liquidate assets to pay these expenses.                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 Hardship Distribution Form. You acknowledge this form as representation that you do not have necessary or liquid assets available to satisfy the hardship.

\_\_\_\_\_  
Initials

**Participant SSN (REQUIRED):** \_\_\_\_\_

Social Security Number

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><b>Allowable Expenses:</b> 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. <b>Note:</b> Loan repayment and post-secondary education expenses for education already obtained or paid for does <u>not</u> qualify.</p> <p><b>Documentation Required:</b> 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><b>Allowable Expenses:</b> 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><b>Documentation Required:</b> 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 an "Official Loan Estimate" provided by the lender. An estimated closing date should be provided.</p>
Prevent Eviction or Foreclosure	<p><b>Allowable Expenses:</b> Amounts needed to prevent eviction from your primary residence or amounts needed to prevent foreclosure on your primary residence.</p> <p><b>Documentation Required:</b> 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><b>Allowable Expenses:</b> Cost of medical or dental expenses for you, your spouse, or dependent that is not otherwise covered by insurance. <b>Note:</b> Elective procedures, including most orthodontics, are not eligible.</p> <p><b>Documentation Required:</b> 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><b>Allowable Expenses:</b> Burial or funeral expenses for your parent, spouse, child, or dependent.</p> <p><b>Documentation Required:</b> 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><b>Allowable Expenses:</b> 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><b>Documentation Required:</b> 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>

# 457(b) Unforeseeable Emergency Documentation Guidelines

The Plan and IRS define certain circumstances that can qualify for an unforeseeable emergency 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 an Unforeseeable Emergency under the Plan. Evidence of the Unforeseeable Emergency must be provided to document both the nature and amount of the emergency. As a general rule, documentation should be current, **dated within 90 days**, unpaid, and as descriptive as possible. The 457(b) Unforeseeable Emergency Distribution Form and the supporting documentation will be reviewed for compliance with the Plan and IRS rules. Submission of an application and documentation does not guarantee approval.

## Unforeseeable Questionnaire

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| e) I can alleviate this hardship by stopping contributions to my retirement plan(s).  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) I can receive reimbursement from insurance or other sources to pay these expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) I can secure a personal loan to pay these expenses.                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) I can liquidate assets to pay these expenses.                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Participant Acknowledgement (REQUIRED):** I have responded to the above questionnaire and certify that this distribution is necessary to pay for the unforeseeable stated on the attached Unforeseeable Distribution Form. You acknowledge this form as representation that you do not have necessary or liquid assets available to satisfy the unforeseeable.

\_\_\_\_\_  
Initials

**Participant SSN (REQUIRED):** \_\_\_\_\_

Social Security Number

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 Unforeseeable Emergency Reasons

Reason	Explanation	Documentation Required
Illness or Accident	Severe financial hardship resulting from sudden and unexpected illness or accident of the participant or beneficiary, the participant or beneficiary's spouse, or dependent.	Provide an explanation of the unexpected illness or accident and provide copy of the funeral expenses or medical bills outlining the portion of expenses NOT covered by your insurance or other documentation applicable to the event. Insurance statements are not sufficient.
Property or Casualty Loss	Loss of the participant's or beneficiary's property due to casualty, natural disaster, or other extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or beneficiary. Casualty is commonly known to include fire, storms, earthquakes, hurricanes, and other natural or weather related disasters.  For more information regarding casualties, please visit <a href="http://www.irs.gov/pub/irs-pdf/p547.pdf">http://www.irs.gov/pub/irs-pdf/p547.pdf</a>	Provide an explanation of the casualty and include repair bills showing the amount needed to pay that is not covered by insurance. (Ex: Repair significant water damage.) It may include loss of wages if a natural disaster caused an inability to work.
Other similar extraordinary and unforeseen circumstances	Other unforeseen events beyond the control of the participant or beneficiary. Ex: imminent foreclosure or eviction from primary residence due to loss of job.	Provide an explanation of the unforeseen event along with a copy of the foreclosure/eviction notice and the lease agreement.

# Hardship/Unforeseeable Emergency Distribution Form

Submission of this form initiates a 403(b) hardship or 457(b) unforeseeable emergency distribution from the SchoolsFirst FCU/ Nationwide Retirement Builder Plan or SchoolsFirst FCU 457(b) DCP Share Certificate. Refer to the 403(b) Hardship or 457(b) Unforeseeable Documentation Guidelines for details on what is needed.

**Note:** Please allow **5-7 business days** for processing of this request.

## 1 Participant Information

_____	_____	_____	_____	_____	_____
First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth		
_____		_____	_____	_____	_____
Street Address	City	State	Zip Code	Phone #	
_____		_____			
School District	Email Address				

## 2 Reason for Withdrawal & Amount

### A) 403(b) Hardship Reason

Select one of the following hardship reasons. Refer to the 403(b) Hardship Documentation Guidelines for details on what documentation is needed.

- |  |  |  |
|--|--|--|
| <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 |

Amount \$ \_\_\_\_\_  403(b)  Roth 403(b)

### B) 457(b) Unforeseeable Emergency Reason

Select one of the following unforeseeable emergency reasons. Explanation of reason should be written below. Refer to the 457(b) Unforeseeable Documentation Guidelines for details on what documentation is needed.

- Unexpected illness or accident

\_\_\_\_\_

\_\_\_\_\_

- Property loss caused by casualty

\_\_\_\_\_

\_\_\_\_\_

- Other similar extraordinary and unforeseen circumstances resulting from events beyond your control

\_\_\_\_\_

\_\_\_\_\_

Amount \$ \_\_\_\_\_  Nationwide RBP  DCP Share Certificate : Member# \_\_\_\_\_ Share ID \_\_\_\_\_

# Hardship/Unforeseeable Emergency Distribution Form

## 3 Delivery Method

Check by Regular Mail     Overnight Check (\$20 fee)

Send to my SchoolsFirst FCU Account

Member Number: \_\_\_\_\_ Share ID: \_\_\_\_\_  Wire Funds

Send to an Outside Financial Institution (Not available on DCP Share Certificate)     Wire Funds    **\*Please attach a voided check**

\_\_\_\_\_  
Your Financial Institution

Checking     Savings

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

## 4 Signatures

I certify that I am the proper party to request this hardship/unforeseeable emergency withdrawal. I acknowledge that I do not have other assets to meet my financial need and all information provided is true and accurate. The amount available for withdrawal cannot exceed the amount needed to satisfy the financial need and the total verifiable deferrals contributed to the account. I am aware that this withdrawal cannot be undone, paid back, or rolled over to another retirement plan. Additionally, I understand this transaction is a reportable event and it will be my responsibility to report this distribution to the IRS upon receipt of tax Form 1099-R for the year the distribution occurred. Additionally, a 10% penalty may apply if under age 59½. Please consult a tax advisor for additional questions. By signing below, I am aware of the information mentioned above and authorize SchoolsFirst FCU to process this request.

\_\_\_\_\_  
Participant Signature (REQUIRED)

\_\_\_\_\_  
Date

**BOX BELOW TO BE COMPLETED BY THE TPA/CUSTODIAN**

_____ TPA Authorization	_____ Approved Net Amount	_____ Date
_____ Custodian Approval		_____ Date