

HARDSHIP APPLICATION FORM

This form is to be used for distributions for hardship reasons. Please refer to your plan's SPD to make sure your plan allows for hardship distributions before completing this form in its entirety. Upon completion, please send this form to your employer's HR department so they may review and authorize for processing. Any incomplete forms will be returned. Please allow 2 to 3 weeks for processing.

Part 1 - Participant Information (Please print clearly and complete all fields)			
Plan Name			
Participant Name		Social Security Number	Date of Birth
Street Address			Daytime Phone Number
City, State, and Zip Code		Email Address	
Part 2 - Hardship Reason (Check one)		Part 3 - Amount Requested (Check one)	
<input type="checkbox"/> Purchase of primary residence <input type="checkbox"/> Prevent eviction or foreclosure of primary residence <input type="checkbox"/> Tuition expense for next 12 months for participant or dependent <input type="checkbox"/> Medical expenses not paid by insurance <input type="checkbox"/> Funeral expenses <input type="checkbox"/> Repair of primary residence under IRS casualty deduction		<input type="checkbox"/> I would like to withdraw the following amount: \$: _____ <input type="checkbox"/> I would like to withdraw the maximum amount available to me	
Part 4 - Tax Withholding (Check one)			
<input type="checkbox"/> I elect to have 20% withheld from my distribution. <input type="checkbox"/> I elect to have _____ % withheld from my distribution. <input type="checkbox"/> I elect to have <u>0%</u> withheld from my distribution.		<input type="checkbox"/> Check this box if you wish to increase the amount of your withdrawal by your elected tax withholding. <i>If this box is not checked, the amount you receive will be the Amount Requested, less the Tax Withholding elected.</i>	
Part 5 - Delivery Options (Check one)			
<input type="checkbox"/> Mail check to my home address above. —————> <input type="checkbox"/> Express mail delivery (Additional \$30 will be deducted from your account) <input type="checkbox"/> Transfer my proceeds to my personal bank account via wire or ACH. <i>Please complete information below.</i>			
Bank Name		Bank City, State, and Zip Code	
Account Number	ABA # (Routing Number)	<input type="checkbox"/> ACH <input type="checkbox"/> Wire	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Part 6 - Participant & Employer Authorization (Please read carefully and sign below)			
I certify that the information provided on this form and on any accompanying documentation I have provided is true and accurate to the best of my knowledge. I authorize PA Retirement Solutions, Inc. to verify all information as well as request any additional information required to process this request. I authorize \$100 to be deducted from my account at the time of distribution as a processing fee, paid to PA Retirement Solutions, Inc. Additional fees may be charged by the corresponding vendor handling the disbursement of my funds to cover services including, but not limited to the wiring, ACH, and/or express mail delivery of my funds, as well as the preparation of my year-end tax reporting form. I acknowledge any false or misleading information submitted on this application may subject me to personal liability. I certify that this distribution is necessary to satisfy the hardship described above, the amount requested is not in excess of the amount necessary to relieve such financial need, and the financial need cannot be satisfied from other resources reasonably available to me. I understand that my salary deferrals to the plan will be suspended for a period of 6 months from the date of this distribution. I have read all the forms regarding the tax implications and penalties involved in taking a hardship distribution.			
Participant Signature & Date		Authorized Employer Signature & Date	
Both signatures are required in order to be processed			

Return completed forms to:
 PA Retirement Solutions, Inc., 1110 N. Mountain Road Suite 100, Harrisburg PA 17112
 Or Fax: (717) 412-4079

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