



## **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).

### **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 natural 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.

**Repair to Principal Residence:** The plan has expanded effective January 1, 2019 the list of expenses which qualify for a hardship distribution. You can now receive a hardship distribution if your principal residence or place of employment at the time of a disaster was in an area FEMA designates as qualifying for individual assistance in connection with a federally declared disaster. The distribution can cover your expenses and losses (including loss of income) on account of the disaster. Additionally, the definition of residential casualty loss has been broadened to include residential casualties even if they are not part of a federally declared disaster.

# 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 lost wages or 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 natural disaster in either the place of residence or employment.

## 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 Certification of Necessity for Hardship Distribution

I understand that I must provide supporting documentation or information, which may include bills, contracts, estimates, and other information that will support my request for a hardship distribution. I also understand that I am certifying that I have insufficient cash or other liquid assets reasonably available to me to meet this financial hardship. In order to do so, I hereby certify that:

- a. The distribution will not exceed the immediate financial need (\$ \_\_\_\_\_ (enter amount));
- b. I have insufficient cash or other liquid assets reasonably available to satisfy the immediate financial need.

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.)

Plan Name	
Date of Execution	Signature of Participant

## 5 For NBS Use Only

NBS Signature(Required)	Date	\$ <b>Maximum Eligible Hardship Amount</b>
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