



REQUEST FOR DISTRIBUTION

Note: Time sensitive material. Please complete this form carefully. Missing information may delay processing. The Request for Distribution Form Instructions and the Special Tax Notice should be reviewed prior to completing this form.

Plan/Company Name: _____

Participant Name: _____
Print or Type Complete Legal Name – First, MI, Last

Social Security #: _____ **Date of Birth:** _____ **Date of Hire:** _____

Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip:** _____ **Phone:** _____

Date of Separation from Active Employment (if applicable): _____

Do you currently have an outstanding loan balance in this plan Yes ☐ No ☐

Participant's Spouse: _____ **Social Security #:** _____
Print or Type Complete Legal Name – First, MI, Last

My benefits are subject to a court order dividing benefits as a result of a dissolution of marriage. Yes ☐ No ☐

Citizenship: ☐ U.S. Citizen ☐ U.S Resident Alien ☐ Nonresident Alien (Please refer to instructions for this choice)

SECTION 1: TRA DISTRIBUTION PROCESSING FEE

Complete by **PLAN ADMINISTRATOR** and **PARTICIPANT** for **ALL** distributions

EMPLOYER – Verify payment responsibility (NOTE: retirement, death & disability are generally billed to the Company): The Participant ☐ **will** ☐ **will not** be responsible for paying the TRA distribution processing fee (if “will not” is checked, TRA will bill the Company). The processing fee is \$_____ (if *RUSH* add additional \$60 to the processing fee except for QDRO requests).

PARTICIPANT - Select the method of payment (if applicable):

- ☐ A cashier's check or money order made payable to The Retirement Advantage, Inc. is enclosed.
- ☐ Deduct the processing fee from the distribution proceeds.
(Subject to investment manager policy – please check with the Plan Administrator before making this election.)

NOTE: If payment cannot be deducted from proceeds and no payment is received, TRA will bill the company.

SECTION 2: REASON FOR WITHDRAWAL

Completed by **PARTICIPANT/ALTERNATE PAYEE/BENEFICIARY** for **ALL** distributions

I would like a withdrawal for the following reason (choose **ONE** of the following):

Separated from Active Employment (date of separation required above):

- ☐ **Termination of Employment** – participant is no longer employed with the Employer for reasons other than death, disability or retirement
- ☐ **Death of a Participant** – attach a certified copy of the death certificate and Beneficiary Designation Form to this form
- ☐ **Permanent Disability** – attach documentation of the disability from the attending physician to this form
- ☐ **Retirement** – participant must have reached the retirement age specified in the Plan Document
- ☐ **Plan Termination** – the Plan has been terminated

In-Service Withdrawal (to the extent allowed by the Plan Document):

- ☐ **Pre-Retirement Withdrawal**
- ☐ **Required Minimum Distribution** (age 70 ½ and older)
- ☐ **Withdrawal of Employee After-Tax Contributions** (no 401(k) deferrals, Roth or employer contributions)
- ☐ **Withdrawal of Rollover Contributions**
- ☐ **QDRO – Qualified Domestic Relations Order** – must be an approved Qualified Domestic Relations Order
- ☐ **Hardship Withdrawal** – Hardship distributions for medical, funeral or education expenses are available to an individual who is named as a Participant's Plan beneficiary, with the Participant paying the applicable tax on the distribution.

The attached Addendum titled "Hardship Substantiation Package" must be reviewed, completed, signed and returned with this Request in order to be processed if a Hardship Withdrawal is elected.

SECTION 3: ALTERNATE PAYEE OR BENEFICIARY INFORMATION

Completed by **BENEFICIARY/ALTERNATE PAYEE** for Qualified Domestic Relation Order or death distributions **ONLY**

Alternate Payee or
Beneficiary Name: _____

Print or Type Complete Legal Name – First, MI, Last

Social Security #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____ Phone: _____

SECTION 4: WITHDRAWAL ELECTION

Completed by **PARTICIPANT** for hardship, after-tax or pre-retirement distributions **ONLY**

Hardship or After-Tax Withdrawal:

As a Participant in the Plan, I hereby apply for a withdrawal in the amount of \$_____ (specify an exact amount; maximum available is only allowed for the purchase of a primary residence) (choose **ONE** of the following):

- ☐ Before taxes of 10% have been withheld
- ☐ After taxes of 10% have been withheld
- ☐ I **DO NOT** want to have taxes withheld from my distribution (to the extent allowed; a portion of the distribution may still be subject to withholding).

By requesting a hardship and signing this form, I certify that all supporting information provided with the application for hardship withdrawal is true, that the amount of my distribution will not exceed the immediate financial need, and that I have insufficient cash or other liquid assets reasonably available to satisfy the immediate financial need.

Pre-Retirement Withdrawal:

As a Participant in the Plan, I request the following:

- ☐ A complete distribution – Treat my outstanding Plan loan as follows (choose **ONE** of the following):
 - ☐ Not applicable – I do not have a loan
 - ☐ Include my Plan loan in my distribution
 - ☐ Do not include my Plan loan in my distribution – I will continue to make loan payments
- ☐ A partial distribution in the amount of \$_____ (choose **ONE** of the following):
 - ☐ Before 20% mandatory federal taxes and any applicable required state taxes have been withheld
 - ☐ After the 20% mandatory federal taxes and any applicable required state taxes have been withheld

SECTION 5: VESTING

Completed by **PLAN ADMINISTRATOR** for non-Plan termination distributions **ONLY**

Is participant 100% vested? Yes ☐ No ☐ If no, complete the rest of this section.

Number of hours participant worked from original date of hire to the end of the **FIRST PLAN YEAR**: _____

Number of hours participant worked during **LAST PLAN YEAR** (first day of Plan Year through date of term): _____

Other than the first and last years of employment, did participant work **LESS** than 1,000 hours in any Plan Year? Yes ☐ No ☐

If "Yes", please specify the Plan Years in which the Participant worked less than 1,000 hours:

If participant ever terminated prior and was rehired please provide those dates and hours worked in those years:

SECTION 6: ADDITIONAL CONTRIBUTIONS
Completed by **PLAN ADMINISTRATOR** for **ALL** distributions

Choose **ONE** of the following:

- ☐ **No Additional Contributions** – The Participant's last contribution for payroll ending _____ was deposited on approximately _____ Date _____ Date _____
- ☐ **Additional Contributions** – The additional contributions listed below for the payroll periods ending _____ will be deposited on approximately _____ Date _____ Date _____ *(paperwork is held until payroll is deposited)*
- Deferral \$ _____ Match \$ _____
- Employer \$ _____ Loan Payment \$ _____

SECTION 7: BENEFIT ELECTION
Completed by **PARTICIPANT/ALTERNATE PAYEE/SPOUSAL BENEFICIARY** for distributions other than non-spousal distributions **ONLY**

Please make a benefit election below. The availability and compliance of the election you choose will be verified in accordance with the Plan Document and IRS provisions. Please see the Special Tax Notice for information on withholding. It is recommended that you contact the Plan's investment agent or representative regarding your investment options. Note that Roth 401(k) deferral rollovers can only be made to a Roth IRA or a qualified plan with a Roth provision.

- ☐ **Paid to Me in the Following Form** (choose **ONE** of the following):
- ☐ **Lump Sum** (If you are electing a hardship withdrawal, Lump Sum is your only option)
 - ☐ Total Fed. Withholding _____% (Use only for amounts greater than the 20% mandatory withholding)
 - ☐ Total State Withholding _____% (Subject to State Regulations and/or investment manager policy)
 - ☐ **Partial Withdrawal** (only if allowed by the Plan Document)
 - ☐ **Installments** (only if allowed in the Plan Document)
 - ☐ **Qualified Annuity Benefit** – (only if allowed in the Plan Document)
See the Request for Distribution Form Instructions for an explanation of the Qualified Annuity Benefit (choose **ONE** of the following):
 - ☐ **Joint and 50% Survivor Annuity**
 - ☐ **Joint and 75% Survivor Annuity**
 - ☐ **Joint and 100% Survivor Annuity**
- ☐ **Paid to Me as a Lump Sum and Direct Rollover** - Complete rollover information below*
- Amount to be paid to me is \$ _____, with the remainder (at least \$500) to be rolled over (choose from of the following):
- ☐ Before taxes are withheld
 - ☐ After taxes are withheld
 - ☐ Total Fed. Withholding _____% (Use only for amounts greater than the 20% mandatory withholding)
 - ☐ Total State Withholding _____% (Subject to State Regulations and/or investment manager policy)
- ☐ **Direct Rollover** - Complete rollover information below*
- I am electing a direct rollover from this Plan (distribution amount must be at least \$200) to (choose **ONE** of the following):
- ☐ Another qualified Plan
 - ☐ Another qualified plan with a Roth option for Roth 401(k) deferral rollovers
 - ☐ An IRA (Do not forward IRA set-up forms to TRA)
 - ☐ A Roth IRA (Do not forward IRA set-up forms to TRA)

***Rollover Information:** (unless otherwise directed by the Plan's investment manager, rollover checks will be sent directly to the participant)

Name of IRA or Qualified Plan: _____

Name of Roth IRA or Qualified Plan with Roth: _____

Make Check Payable To: _____

Account Number: _____ **Contact Person:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** _____

SECTION 8: ELECTRONIC FUND TRANSFER

Completed by **PARTICIPANT**

Only offered for plans with Guardian (greater than \$5,000), Hartford, ING, John Hancock, Nationwide and Verisight

Please submit a copy of a voided check for all EFT requests

Please note that mandatory federal and state withholding applies to EFT's.

Account # _____ Routing # _____

Exact name as it appears on bank account _____

(Participant must be single or joint owner of account)

Bank Account Type: ☐ Checking ☐ Savings

Bank Name: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____ Phone: _____

If this section is not fully completed, a check will be issued.

SECTION 9: BENEFIT ELECTION FOR NON-SPOUSAL BENEFICIARIES

Completed by **NON-SPOUSAL BENEFICIARIES** for non-spousal beneficiary distributions **ONLY**

Please make a benefit election below. The availability and compliance of the election you choose will be verified in accordance with the Plan Document and IRS provisions. Please see the Special Tax Notice for information on withholding. It is recommended that you contact the Plan's investment agent or representative regarding your investment options.

☐ **Lump Sum Payment of the Death Benefit** (choose **ONE** of the following):

☐ Total Fed. Withholding _____% (Use only for amounts greater than the 20% mandatory withholding)

☐ Total State Withholding _____% (Subject to State Regulations and/or investment manager policy)

☐ **Paid to Me as a Lump Sum and Direct Rollover** – Complete rollover information below

Amount to be paid to me is \$ _____, with the remainder (at least \$500) to be rolled over (choose **ONE** of the following):

☐ Before taxes are withheld

☐ After taxes are withheld

☐ Total Fed. Withholding _____% (Use only for amounts greater than the 20% mandatory withholding)

☐ Total State Withholding _____% (Subject to State Regulations and/or investment manager policy)

☐ **Direct Rollover to Inherited IRA** – Complete rollover information below

Rollover Information: (Rollovers into an Inherited IRA must be a direct Trustee to Trustee transfer)

Name of Inherited IRA: _____

Name of Inherited Roth IRA (for Roth money): _____

Make Check Payable To: _____

Account Number: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SECTION 10: PLAN LIFE INSURANCE ELECTION

Completed by **PARTICIPANT/ALTERNATE PAYEE/BENEFICIARY** for **ALL** distributions

☐ **Not Applicable** (choose **ONE** of the following):

☐ I do not have life insurance in the Plan

☐ This is a Qualified Domestic Relations Order distribution

☐ This is a death distribution – The face value of the policy will be distributed

☐ **Participant Separated from Active Employment** (choose **ONE** of the following):

☐ Continue policy – Continue the policy by transferring ownership of the policy from the Plan to me. I understand that future premiums will be billed to me.

☐ Surrender Policy – Surrender the policy for net cash surrender value, combine it with the remainder of my Plan assets and distribute as directed above. I understand that coverage will cease immediately.

- ☐ **Participant Still Actively Employed** (choose **ONE** of the following):
- ☐ Maintain Existing Policy – Maintain my policy as it currently exists.
 - ☐ Continue Policy with no Further Payments – Stop all future premium payments for policy and place on an extended term basis. I understand that the coverage will cease when the premium payments exceed the available cash value
 - ☐ Surrender Life Insurance Policy (**NOT** available for hardship distributions) – Surrender the policy for any net cash surrender value, combine it with the remainder of my Plan assets and distribute as directed above. I understand that coverage will cease immediately.
 - ☐ Surrender Life Insurance Policy and Combine with other Plan assets – Surrender the policy for any net cash surrender value and combine with the remainder of my Plan assets. I understand that coverage will cease immediately and that if there is a net cash surrender value to my policy at the time of surrender, I will be required to deposit such amount into my Plan account.

SECTION 11: REQUIRED SIGNATURES

Complete for **ALL** distributions

I understand that the Custodian/Recordkeeper may impose a charge to complete the distribution and/or may restrict the completion of all or a portion of this distribution, and that, at the Plan Administrator's behest, a sub-contractor may issue the distribution and related tax forms in conjunction with TRA I have read and understand the instructions for this form, including the Special Tax Notice. I understand that applicable federal tax withholding will be made and that mandatory state withholding may also apply. I have at least 30 days to consider my payment options. By returning this completed form before the end of the 30-day election period, I am waiving the remainder of the 30 days.

If, following the distribution, but no more than 180 days from the date I executed this Request for Distribution Form, the Plan Administrator determines I am eligible for an additional allocation of earnings, forfeitures or employer contributions, the Plan Administrator will treat this consent to the distribution as applicable to the subsequent allocation and will make a subsequent distribution of such amounts in accordance with this election.

I understand if 180 days has passed since I signed this election form, I will be required to submit a new election form which will restart the time limit described above.

For annuity provisions, if I affirmatively elect a benefit payment option other than the Qualified Annuity Benefit, I have the right to revoke that election until the annuity starting date, or if later, for at least seven days after I receive the Qualified Annuity Benefit Notice (as included in the Request for Distribution Form Instructions). If applicable, I hereby elect to waive the qualified joint and survivor annuity and pre-retirement survivor annuity forms of payment.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back up withholding.

Certification required of U.S. persons only (including U.S. citizens or U.S. resident aliens)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person or a U.S. resident alien (as defined by the IRS instructions for Form W-9)

Certification Instructions

☐ By checking this box you are admitting you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

This plan is an account held in the United States which means you are not required to provide a code indicating that you are exempt from FATCA reporting.

Participant / Beneficiary / Alternate Payee - Please Print Name

Participant / Beneficiary / Alternate Payee - Signature

Date

Plan Administrator Name – Please Print Name

Plan Administrator - Signature (Required for ALL Distributions)

Date

If the Plan does not have annuity provisions and/or the participant is not married, please check here:

☐ SPOUSAL CONSENT IS NOT APPLICABLE

If the Plan has annuity provisions, spousal consent must be given below:

Spousal Consent

I hereby consent to the foregoing election made by my spouse, to have benefits under the Plan paid in the form specified herein. I understand that in consenting to this distribution, I may be reducing or eliminating benefits that I may otherwise be legally entitled to at a later date and that this consent is irrevocable unless my spouse revokes the waiver before benefits begin.

Spouse Signature

Date

Witnessed by:

[] Notary Public Signature & Seal **OR** [] Plan Administrator Signature

Date

DID YOU REMEMBER TO...

- ☐ Read the Request for Distribution Form Instructions, Special Tax Notice and Postponement of Distribution Election?
- ☐ Include the appropriate processing fee?
- ☐ Obtain Participant/Beneficiary/Alternate Payee signature?
- ☐ Obtain Spousal consent (if needed)?
- ☐ Obtain Plan Administrator signature?
- ☐ Have the Plan Administrator complete Section 1, Section 5, Section 6, and Section 11?
- ☐ Complete the Hardship Substantiation Package if you have elected a Hardship withdrawal?

**Completed forms can be sent to TRA by fax at (800)459-5815, email at processing@tra401k.com,
or mailed to 600 S. Nicolet Rd., Appleton WI 54914-8233**

Hardship Substantiation Package

Introduction

You are applying for a distribution of some or all of your 401(k) benefits because you have sustained a hardship that requires a financial outlay. This package provides you with the information we need to confirm that the distribution is due to a heavy and immediate financial need, as is required by the law.

You must complete **both** this package and the Hardship Distribution Request form.

Things You Must Know About a Hardship Distribution

1. To obtain a hardship distribution, you must confirm that you have no other cash or liquid assets that you can use to pay for your hardship. That confirmation is part of this package.
2. A hardship distribution is considered to be income to you, and will be included as taxable income on your Federal (and state) income tax returns for this year. In addition, if you are younger than age 59½ when you take this distribution, a 10% tax (in addition to your income tax on the distribution) will apply. State taxes may also apply.
3. The amount of the distribution to you cannot exceed the amount of your heavy and immediate financial need.
4. You may provide proof of the expenses you have paid due to your hardship to the Plan Administrator. If you do not want to do this, you may sign the certification in this package, confirming that you have sustained these expenses. **However, you agree that you will keep the proof, and will provide that proof if and when it is requested by your employer or the plan administrator.** This request will normally be made only if the plan is being audited by the Internal Revenue Service.
5. If you are paying expenses relating to a dependent, the person must qualify as a dependent under Internal Revenue Code Section 152.
6. No hardship distribution can be processed without your signature on the Certification in Section I.

All applicants must complete Part I of this Package. You need only complete the other parts of this Package that apply to your hardship.

You must return the completed portion of this Package and your Hardship Distribution Request Form.

I. Participant Information and Certification

All applicants must complete this page.

Name of Participant: _____

Did the participant experience the hardship? (check one) ☐ yes ☐ no

If someone else has experienced the hardship:

Insert name of the person: _____

Relationship to participant: ☐ spouse

☐ dependent: ☐ child ☐ parent ☐ other: _____

☐ Plan primary beneficiary

Requested Distribution Amount: \$ _____

Participant Certification

I, _____, am applying for a hardship distribution from the Plan. I hereby certify under penalty of perjury that the information provided in this package is, to the best of my knowledge, true and accurate. I further certify that I have insufficient cash or other liquid assets from any other source reasonably available to me to pay for my hardship. Finally, I agree to keep the source documents that show that a hardship occurred and the expenses for which the hardship distribution is being taken, and to make that information available at any time, upon request, to the Plan Sponsor or the Plan Administrator.

_____/_____/_____
Date

Signature of Participant

II. Purchase of Participant's Principal Residence

Complete this section if the Participant is purchasing a residence that will be his principal place to live.

Will this be the Participant's principal residence? ☐ yes ☐ no

Address of the residence: _____

Purchase price: \$ _____

Name and address of the Lender:

Date of the purchase/sale agreement: ____/____/____

Expected Closing Date: ____/____/____

Types of costs and expenses being covered by hardship distribution:

<input type="checkbox"/> Down Payment:	\$ _____
<input type="checkbox"/> Closing Costs:	\$ _____
<input type="checkbox"/> Title fees:	\$ _____
<input type="checkbox"/> Other:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ <u>_____</u>

Substantiation documents you must retain:

- ☐ Contract for purchase, reflecting purchase price shown above
- ☐ Escrow contract, if any
- ☐ Closing statement reflecting above costs, fees, etc.

III. Payment of Uninsured Medical Expenses

Complete this Section if the Hardship Distribution will be used to pay medical expenses.

Please Note: A hardship distribution is available to cover only those medical expenses that would be deductible under Internal Revenue Code (the “Code”) Section 213(d), even if you do not actually deduct them on your tax return. (You may not be able to deduct these expenses because you do not itemize your deductions or because the amount of your medical expenses is not sufficient for deduction.) If you are paying expenses of a dependent, the person must be a dependent as defined in Code Section 152.

Purpose(s) of medical care: ☐ Diagnosis
(check all that apply) ☐ Treatment (including medicines)
☐ Prevention
☐ Transportation to/from medical provider
☐ Long-term Care

Note: you do not need to reveal the actual condition requiring care.

Name and address of service provider (attach additional pages for multiple providers):

Type of provider: ☐ hospital
☐ doctor
☐ dentist
☐ chiropractor
☐ pharmacy
☐ Other: _____

Amount of uninsured medical expenses: \$ _____

Substantiation documents you must retain:

- ☐ Provider invoices, reflecting the above
- ☐ Insurance benefit reports, reflecting uncovered portion (if submitted to insurer)
- ☐ Proof of payment (e.g., credit card statements, cancelled checks, receipts)

IV. Payment of Educational Expenses

Complete this Section if the Hardship Distribution will be used to pay educational expenses of the Participant, his or her spouse, his or her dependents, or the person designated as the primary beneficiary of the Participant's benefits under the Plan.

Please Note: A hardship distribution is available to cover expenses for post-secondary (i.e., after high school) education. If you are paying expenses of a dependent, the person must be a dependent as defined in Internal Revenue Code Section 152.

Name and address of educational institution (note, this must be a post-high-school institution):

Types of costs and expenses being covered by hardship distribution:

<input type="checkbox"/> Tuition:	\$	_____
<input type="checkbox"/> Housing Costs:	\$	_____
<input type="checkbox"/> Related fees:	\$	_____
<input type="checkbox"/> Other:		
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total	\$	=====

Period covered by the educational payments

(not to exceed 12 months):

____/____/____ to ____/____/____

Substantiation documents you must retain:

- ☐ Tuition invoices, if any
- ☐ If no invoices, report cards or other school-issued documents reflecting classes taken
- ☐ Excerpts from student handbook, reflecting cost of education
- ☐ Proof of payment

V. Payment to Prevent the Eviction From or Foreclosure On the Participant's Principal Residence

Complete this Section if the Hardship Distribution will be used to prevent the Participant's eviction from or foreclosure on his or her principal residence.

Please Note: a hardship distribution may be obtained only to prevent imminent eviction or foreclosure. It may not be taken to make a normal rent or mortgage payment.

Is this the Participant's principal residence? ☐ yes ☐ no

Address of the residence: _____

Type of event: ☐ eviction from rental property

☐ foreclosure on mortgage

Name and address of party that issued the eviction or foreclosure notice:

Date of eviction/foreclosure notice: ____/____/____

Due date of payment to avoid eviction/foreclosure: ____/____/____

Substantiation documents you must retain:

- ☐ Notice of eviction/foreclosure
- ☐ If home is owned: mortgage documents
- ☐ If home is rented: rental or lease agreements
- ☐ Invoices or other proof of amount needed to prevent eviction/foreclosure
- ☐ Proof of payment

VI. Payment of Funeral and Burial Expenses:

Complete this Section if the Hardship Distribution will be used to pay funeral or burial expenses for the Participant's spouse or dependent or the person who is the primary beneficiary of the Participant's benefits in the Plan.

Please Note: If you are paying expenses of a dependent, the person must be a dependent as defined in Internal Revenue Code Section 152.

Name of the deceased: _____

Relationship to the participant:

☐ spouse

☐ parent

☐ child

☐ dependent

☐ primary Plan beneficiary

Date of death: ____/____/____

Name and address of service provider(s) (cemetery, funeral home, etc.) (*attach additional pages for multiple providers, as needed*):

Substantiation documents you must retain:

☐ Death certificate

☐ Invoices or other proof of expenses incurred

☐ Proof of payment

VII. Payment for Repairs in Relation to Damage to the Participant's Principal Residence

Complete this Section if the Hardship Distribution will be used to pay for repairs to the participant's residence caused by casualty losses

Please Note: A hardship distribution is available to cover only those casualty expenses that would be deductible under Internal Revenue Code Section 165, even if you do not actually deduct them on your tax return. (You may not be able to deduct these expenses because you do not itemize your deductions or because the amount of your casualty loss is not sufficient for deduction.) Furthermore, you may get a hardship distribution even if you cannot deduct these expenses because your casualty was not the result of a Federally-declared disaster.

Was the damage to the Participant's principal residence? ☐ yes ☐ no

Address of the residence:

Date of the casualty loss: ____/____/____

Briefly describe the cause of the casualty: _____

Name and address of service provider(s) for the repairs:

Briefly describe the repairs (including the **dates** on which the repairs took place):

Have the repairs been completed? ☐ yes ☐ no

Substantiation documents you must retain:

- ☐ Documentation of the damage
- ☐ Insurance submissions regarding damage
- ☐ Invoices for repairs
- ☐ Proof of payment

VIII. Expenses and Losses Due to Participant's Principal Residence or Place of Employment Located in Federally-Declared Disaster Area

Complete this Section if the Hardship Distribution will be used to pay for expenses or losses you suffered due to your home or place of employment being located in a Federally declared disaster area

Federally Declared Disaster Event: _____ Date(s) : _____

What is located within the disaster area: ☐ Home ☐ Principal Place of Business

Types of expenses/losses:

- ☐ Damage to real estate
- ☐ Damage to personal property
- ☐ Lost wages
- ☐ Rent for temporary living facilities
- ☐ Other: _____

Briefly describe the damages or losses for which you are taking a hardship distribution:

Name and address of service provider(s) for the repairs, expenses:

Substantiation documents you must retain:

- ☐ Documentation of the damages and losses
- ☐ Insurance submissions regarding damage
- ☐ Invoices/receipts for repairs, expenses incurred
- ☐ Proof of payment