



Professional Benefit Services, Inc.
Affordable administration of employee benefit plans

REQUEST FOR SAFE HARBOR HARDSHIP WITHDRAWAL
(Please allow a minimum of 4 weeks for processing.)

Plan Name: _____

Participant Name: _____

Participant Address: Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Birth Date: ___/___/_____ Hire Date: ___/___/_____ Soc. Sec. No. : _____-____-_____

Amount Requested: \$ _____

All hardship withdrawals must be accompanied by applicable written documentation which meets or exceeds the amount of the withdrawal being requested. (Example: medical statements showing date(s) of service and balance(s) after insurance; upcoming tuition bills; earnest money agreement for the purchases of the primary residence; notice of eviction or foreclosure.) Only employee elective deferral deposits are generally eligible for hardship withdrawal (investment earnings are not available). Hardship withdrawals may NOT be rolled over to an IRA.

Safe Harbor Hardship Distribution Options

The funds requested will be used for the following purpose (check all that apply):

- To purchase my primary place of residence.
- To pay the upcoming, post-secondary educational expenses for me or my dependents.
Upcoming expenses for the next 12 months are eligible. Hardship distributions are not available to pay off student loans.
- To pay previously incurred medical and/or hospital expenses for myself or my dependents after insurance. Submit only statements with amount(s) due and dates of service from medical providers not more than 12 months old. (Note: Due to the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines, please do not submit copies of bills which would include diagnosis codes or other personal information without blacking them out first.)
- To prevent the eviction from, or foreclosure on the mortgage of, my principal residence.
Documentation must be from the rental agency/landlord or mortgage lender stating the amounts and dates due to prevent foreclosure/eviction.
- Funeral expenses for a member of your family.

The IRS defines a hardship as: An immediate and heavy financial need that cannot reasonably be relieved through reimbursement or compensation by insurance or otherwise, liquidation of available assets, other distributions or loans from any employer plan, cessation of contributions to any employer plan, borrowing from banks, credit unions, or other commercial sources, or any combination of the foregoing. The amount requested can't exceed the amount of the need.

Participant's Certification

As a Participant under the above Plan, I hereby request a withdrawal under the Safe-Harbor Hardship withdrawal provision of the above Plan. I certify that:

- (1) I have no other reasonably available resources from which the funds may be obtained,
- (2) I will not be allowed to make any salary deferrals contributions (if applicable) to any employer plan for at least 6 months after receiving the hardship distribution,
- (3) The withdrawal is not in excess of the amount needed to satisfy the need,
- (4) I have taken or exhausted all possible non-taxable distributions from all of my employer's plans, including non-taxable loans,
- (5) None of the money I am requesting is subject to a Qualified Domestic Relations Order,
- (6) I understand that this withdrawal will be subject to normal income tax, plus an additional 10% early distribution penalty if I have not attained age 59½, which I will be responsible for when I file my personal income tax returns.

If I am married, my Spouse has consented to this withdrawal, by signing on page #2. My Spouse's consent is not required if he or she has already consented to another beneficiary on my Survivor Benefit Election form.

Participant's Signature: _____ **Date:** _____

*If required by plan-Spousal Consent: I hereby approve of, and consent to, my spouse's election for a hardship withdrawal. I understand that this election may have the effect of reducing the benefit I would receive under the Plan, should my spouse die prior to retirement.

Signature of Notary Public

Signature of Spouse: _____

Name of Spouse: _____

Date: _____

Date: _____

Employer's Authorization

I hereby authorize this hardship distribution to the above-named Participant. I further certify that this decision has been rendered in a consistent and uniform manner to all like requests and that documentation of the amount of the financial need meets or exceeds the amount requested by the employee.

Year to date Deferral deposits for the current plan year: _____

(To confirm the availability of the hardships being requested.)

Employer's Signature: _____ **Date:** _____

Print name of Person Signing Above: _____

Professional Benefit Services * 1193 Royvonne SE, Suite 22 * Salem, OR 97302
* Phone (971) 719-2611 * Fax (503) 364-6901 * email: distributions@profben.com