



The following documents must be submitted in order to process:  
 - This form, completed and signed  
 - Hardship supporting documents  
 - A valid photo ID, such as Driver's License or Passport  
 - Payment will be sent electronically (via ACH). Provide a voided check or letter from your bank on bank letterhead with your name, routing number, account number, and account type (checking or savings)  
 If documents are incomplete, all documents will need to be re-submitted.

# Hardship Request Form

Employer / Plan Name

Your Name (Last Name, First Name)

Social Security Number

Mailing Address

City

State/Territory

ZIP

Contact Number(s)

E-mail Address

Date of Birth

Marital Status:  Not Married  Married

## INSTRUCTIONS

- You must certify that you have an immediate and heavy financial need that necessitates a hardship withdrawal (section A below).
- You must certify that you have no other source of funds to cover this hardship expense (see Certification below).
- The amount you request cannot be greater than what is required to satisfy the financial need plus what is required to pay the taxes and penalties you owe as a result of the withdrawal.
- There may be restrictions on what money you can withdraw. Please refer to the Summary Plan Description or Plan Document for specific requirements.
- There is a \$50.00 processing fee for distributions.

## A. REASON FOR WITHDRAWAL REQUEST

I understand that a withdrawal of salary deferrals will be considered due to financial hardship only to the extent that the amount of the withdrawal is necessary to satisfy an immediate and heavy financial need. I understand that this withdrawal will be taxed as ordinary income in the year in which it is received, and may also be subject to state taxes (where applicable). **In addition, a 10% penalty tax may apply on amounts eligible for rollovers unless I am at least 59½ years of age (some exceptions apply). The IRS allows the following reasons for taking a hardship withdrawal in the Plan. Please check ONE of the options below to describe your financial hardship need.**

- Purchase of my primary residence, excluding mortgage payments, refinancing, and loans for purchase of land only.
- Payments necessary to prevent eviction from or foreclosure on the mortgage of my primary residence.
- Payment for the next 12 months of tuition (and related education fees) of post-secondary education for me, my spouse, children, qualifying dependents, or primary beneficiary.
- Payment of necessary medical expenses incurred by me, my spouse, children, qualifying dependents, or primary beneficiary to the extent not reimbursed by insurance.
- Outstanding balance due for the burial or funeral expenses for my spouse, children, parent, qualifying dependents, or primary beneficiary.
- Payments for the repair of damage to my principal residence that would qualify for the casualty deduction under Code section 165 (regardless of whether the loss exceeds 10% of my adjusted gross income).
- Payment of expenses and losses incurred due to a federally declared disaster, provided the participant's principal residence or place of employment was located in a designated area.

## B. WITHDRAWAL AMOUNT

I hereby request a withdrawal of the amount indicated below. I have read the above language and understand the tax implications of this withdrawal.

- The following amount: \$ \_\_\_\_\_ *net. (If your Plan does not allow you to withdraw the full amount requested, the maximum amount available will be distributed to you.)*

### Tax Withholding (Optional):

- I want (select one): \_\_\_\_ 10% or \_\_\_\_ 20% withheld from my withdrawal that is subject to income tax.
- I do not want taxes withheld from my distribution. I understand that I will be liable for income taxes at the year end when I file my income tax return.

Employer / Plan Name \_\_\_\_\_

Your Name (Last Name, First Name) \_\_\_\_\_

Social Security Number \_\_\_\_\_

## C. PAYMENT INSTRUCTIONS

The withdrawn amount will be paid via ACH (Direct Deposit) only.

MY PHYSICAL ADDRESS: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

Savings Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Checking Account # \_\_\_\_\_ Routing # \_\_\_\_\_

By completing this section and signing below, I hereby authorize **ASC TRUST LLC (ASC)** to 1.) initiate credit entries to the depository financial institution named above; and 2.) to initiate debit entries to adjust for processing errors. I understand that a \$30.00 fee will be charged to my payout for any ACH payments rejected due to closed bank account or erroneous bank account info provided to ASC. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

*Attach VOIDED Check Here*

**Certification:** I certify that the reason indicated in Section A of this Form is true, that the amount requested in Section B of this Form does not exceed the amount of this hardship plus taxes and penalties, and that I have obtained all other withdrawals available under all retirement plans maintained by my Employer. As a condition of receiving a hardship distribution, I certify that I have no other resources, including cash or other liquid assets, available to me to meet this hardship. Further, I understand that I must be able to provide supporting documentation or information that supports my request for a hardship distribution, if requested. I certify that the foregoing is true and correct under penalty of perjury.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Plan Administrator \_\_\_\_\_

Date \_\_\_\_\_