

Trustee Directive for Benefit Payment
401(k) Hardship or Unforeseeable
Emergencies for 457(b) Governmental Plans

Participant Information

Our records will be updated to reflect the address given here.

Contract/Certificate number		
Plan name		
Participant name		
Address		
City, State	ZIP	-
Social Security number	Daytime phone number	
Date of birth (mm/dd/yyyy)	Date of hire	
Alternate contact name	Alternate phone number	
Alternate address		

Form and Type of Benefit Election

I elect to receive a hardship distribution in the amount of \$ _____
Reason for hardship _____

***Note:** You may specify the sources (classes) only or both the sources and accounts from which you would like your assets withdrawn by completing the appropriate section on page 26 and returning it with your distribution request. Otherwise we will deduct from the first account with a balance, completely depleting that account prior to moving on to the next account, until the full amount has been withdrawn. Confirmation will be sent to the participant or trustee indicating how the withdrawal was processed and which accounts were used.*

Voluntary Tax Withholding Election

Please consult your tax advisor prior to making any elections. Federal tax of 10% will be withheld on hardship distributions unless instructed to withhold at a different rate. Refer to pages 6-11 of this booklet for more information.

North Carolina Residents - Participants whose distributions are not subject to Federal tax withholding may request to not have State tax withholding (W4-NC form must be attached).

State taxes may apply depending on your state of residence. State taxes will be withheld at the appropriate rate when applicable.

Instead of 10% withholding, withhold at _____% (may be as low as 0%)

Payment Instructions

- The check will be mailed to the participant's address as given in the Participant Information Section above.
- The check will be mailed to the Trustee.
- The funds will be sent directly to the financial institution listed below via ACH. *(If incomplete or inaccurate information is received, a check will be sent to the participant.)*

ABA number (nine digit bank routing number or attach a voided check)

Account number Checking Savings

Account owner name

Financial institution name

Address

City, State ZIP -

*****Please note:** *If you choose to have your funds sent Automated Clearing House (ACH), depending on your financial institution, it may take three or four days from our processing date to be received in your account.*

Complete the back of this page.

Vesting

Must complete vesting or distribution will not be processed.

Indicate the number of hours worked year to date _____

Does this distribution contain after tax dollars? Yes No

After tax basis \$ _____

Is there an outstanding loan? Yes Outstanding loan balance: \$ _____
 No

Does this distribution contain 457(b) Governmental Plan money? Yes No

If yes, how much? _____

Indicate percentage vested by source below:

Employer (A)	Employer Discretionary (C)	Employer Matching (D)	Bundled (L) (Employer & Employee)	Employer Secondary Match (U)	Prevailing Wages

To be completed by plan administrator/ third party administrator.

Participant and Spouse Signatures

By signing below you certify that the information contained on this form is complete and accurate. You understand that if voluntary tax withholding is available for your distribution, and you fail to complete the Voluntary Tax Withholding Election section of this form that taxes will be withheld at 10%. You also authorize the plan fiduciary to direct Retirement Financial Services to issue payment according to the selection made in this form.

Participant/Beneficiary signature _____ Date _____

Check here if you do not have a living spouse.

Spousal consent not required for all plans. Please check with your plan administrator.

By signing below, you, the spouse, consent to the election by your spouse to waive the qualified joint and survivor annuity form of payment and/or the election of an immediate distribution of the benefit. You further acknowledge that the qualified joint and survivor annuity has been explained to you and you understand the effect of such election and that signing here will cause you to give up important rights to which you may otherwise be entitled.

Spouse signature _____ Date _____

(Required if Vested Account Balance is greater than \$5000)

Witness signature _____ Date _____

(Notary Public or Plan Representative)

Signature/ Authorization

Form will be returned if appropriate signatures are not present.

By signing below, you, the plan administrator/trustee, certify that the participant has been provided a written explanation of the rollover rules, the special tax treatment available to lump sum distributions, the direct rollover option and the mandatory income tax withholding rules. You also direct Retirement Financial Services to process the benefit election selected on this form.

If you move during the year in which you take a distribution, you must contact us and provide your new address. Otherwise, you may not receive your Form 1099R.

This form should be forwarded to your third party administrator for review unless other arrangements have been made.

Plan administrator/
Trustee name *(Please print)* _____

Plan administrator/
Trustee signature _____ Date _____

TPA Name _____

TPA Authorization code _____ Initials _____ Date _____

I authorize \$ _____ to be deducted from the proceeds or in addition to the withdrawal amount (Check one) and paid to the TPA of record for service fees.

Fees should be sent to the TPA: ACH (If Retirement Financial Services has previously received ACH instructions) Check