

# Vendor Distribution Supplement

For ERISA 403(b) plans\* only

This form is designed to obtain information necessary to determine your eligibility for a hardship distribution from your employer's 403(b) plan. You should provide the completed form to the investment provider from which you are requesting a hardship distribution along with paperwork that supports the request such as medical bills, notice of eviction or foreclosure, etc.

While the form asks you to provide certain information regarding the hardship, you should expect that your investment provider will seek to confirm some or all of the information with the identified providers, to ensure compliance with the federal tax rules governing these withdrawals. You should also be aware that hardship withdrawals are subject to any additional restrictions or requirements imposed under the contract and account from which you are requesting the distribution, and thus completion of the form does not ensure approval of the distribution.

1. Investment Provider: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Plan Name: \_\_\_\_\_

3. Participant Name: \_\_\_\_\_

4. Amount of hardship distribution you are requesting: \$\_\_\_\_\_ Please attach to this form supporting documentation to support your request for a hardship.

5. A hardship is an immediate and heavy financial need and is necessary to satisfy the financial need. You are permitted to take a hardship distribution only if you are unable to satisfy the immediate and heavy financial need from other reasonably available resources, including but not limited to the resources listed below:

- Reimbursement or compensation by insurance or otherwise.
- Liquidation of savings or investments, including sale of property; and permitted withdrawals from all retirement plans.
- Cessation of elective deferrals.
- Loans available from life insurance policies, retirement plans of your employer (including the plan from which you are requesting this distribution) or commercial lenders on commercially reasonable terms, if repayment of such loans would not itself create a financial hardship.

A hardship distribution is permitted in order to satisfy one of the following needs (choose the one that applies):

- Medical expenses for you, your spouse, or your dependent.
- Expenses directly related to the purchase of your principal residence, excluding mortgage payments.
- Tuition-related educational fees, room and board, for post-secondary education for the next 12 months for you, your spouse, your children, or your dependents.
- Amounts required to prevent eviction from, or foreclosure on, your principal residence.
- Funeral expenses for your deceased parent, spouse, child or dependent.
- Repairs for uninsured or underinsured damage to your home due to theft, storm or other casualty.

\* ERISA plans generally include plans of private employers (public employers are exempt) unless an exception applies. Exceptions can include certain church plans, as well as certain plans consisting solely of voluntary employee contributions that meet additional requirements. Many ERISA plans also apply additional requirements, such as a requirement to obtain spousal consent to the loan or distribution.

6. List all accounts under this employer's 403(b) plan, including contact information for the respective investment providers. Please indicate if you have received a distribution of any amount from the accounts listed to satisfy any portion of the hardship for which you are now requesting a distribution. Please provide the account balance with each provider on 12/31/1988, if the account includes pre-1989 amounts.

**Employee Provided Information: Regarding this plan only**

| Investment provider (include customer service number) | Account number | Account balance | Account balance on 12/31/88 (adjusted for subsequent withdrawals) | Amount in account that is not restricted (e.g., rollovers, unrestricted employer contributions) | Amount of hardship that has been satisfied by distribution from this provider |
|---|----------------|-----------------|---|---|---|
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|   |                |                 |   |   |   |
|   |                |                 |   |   |   |
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|   |                |                 |   |   |   |

Use a separate sheet for additional accounts and/or loans.

7. List (a) *any other 403(b) contracts or accounts*, such as those grandfathered contracts or accounts established with transfers of amounts previously contributed under this employer's 403(b) plan, and (b) any other plan of this employer. Do not include any amount listed in #6, or any amount in another employer's plan.

**Employee Provided Information: Other contracts or accounts**

| Investment provider (include customer service number) | Account number | Account balance | Account balance on 12/31/88 (adjusted for subsequent withdrawals) | Amount in account that is not restricted (e.g., rollovers, unrestricted employer contributions) | Amount of hardship that has been satisfied by distribution from this provider |
|---|----------------|-----------------|---|---|---|
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8. Participant Signature:

- I certify that the information I have provided above is true and correct to the best of my knowledge.
- I hereby authorize the investment provider from which I am requesting a hardship distribution to confirm the accuracy of all information provided in the chart in section 6. I also authorize the investment provider identified in section 1 to confirm with the listed providers, and I authorize those listed providers to confirm the information provided in the chart in section 6 regarding my account balance, prior hardship withdrawals and the ability to obtain a loan from the plan, subject to the requirement that the information provided herein is authorized for use by the investment provider identified in section 1 solely for the purposes of satisfying the restrictions under the plan.

*I further authorize the providers to share supporting information with the Employer as part of any pre-approval process and/or periodic post-transaction review process that my Employer may establish as part of its plan compliance procedures.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

9. **REVIEW OF THIS REQUEST**, by employer or a designated third party, this section should be completed by employer or designated third party.

By signing below I hereby confirm that:

- The provider receiving current contributions from the Employee, if not identified above, is identified below, and
- Except as listed below, I am not presently aware of an account maintained by the Employee under the plan that is not listed above.

Additional provider(s) for this Employee (if any):

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer Information (if applicable)**

| Investment provider | Additional information |
|---------------------|------------------------|
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Use a separate sheet for additional accounts and/or loans.