



**Instructions**

The IRS allows withdrawals while employed if you have an immediate and heavy financial need. **You must first exhaust all possible loans from all 403b accounts before your distribution will be approved.** The amount you withdraw must be necessary to satisfy the need. Hardship withdrawals may only be taken from your account balance as of 12/31/1988 and your voluntary contributions (not earnings) thereafter. Employer contributions and earnings are not available for withdrawal. To request a distribution, complete and submit this form to RIC at the address or fax number below. Hardship distributions are subject to taxation and a possible 10% early withdrawal penalty. You should consult a tax professional for more information on taxation of this distribution.

**Personal Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Best time to call \_\_\_\_\_ Birthdate \_\_\_\_\_

**Employer**

Current Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Employer when account was opened (if different) \_\_\_\_\_

**Account Information**

Provider Name \_\_\_\_\_ Account No. \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Acct balance as of 12/31/1988 \$ \_\_\_\_\_  
(if known)

**Withholding**

Income tax withholding is an automatic 10% Federal - 5% State unless you elect otherwise here:  
 Do not withhold *Federal* income tax       Do not withhold *State of Iowa* income tax

**Amount Requested**

I elect to withdraw \$ \_\_\_\_\_ after taxes (unless I elected no withholding) or, if less is available, the maximum amount available.

**Mailing Instructions**

Send my check to:  Address in Personal Information above or  \_\_\_\_\_  
 \_\_\_\_\_

**Participant Signature**

I agree to the terms and conditions of financial hardship withdrawal and certify that the information submitted is true and accurate.

- I certify that the amount requested is not more than the amount necessary to cover my financial hardship.
- I certify that I have used all other resources available to me, including reasonable liquidation of my other assets and application for commercial and 403b loans.
- I understand a distribution is taxed in the year I receive it.
- I understand that my voluntary contributions must stop for 6 months following an approved withdrawal.
- I understand that if my request is denied and I disagree with the denial, I may submit an appeal (within 30 days) with additional written evidence of qualification or reasons the request should be reconsidered.

**X** \_\_\_\_\_  
Signature Date

**Plan Sponsor Approval**

The participant's request has been approved for \$ \_\_\_\_\_ after withholding (unless no withholding was elected) or the maximum available amount, if less.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Complete the reverse side. →

| Description of Debt (select reason for distribution and submit required documentation) |   |   | Amount   |
|--|---|---|--|
| <input type="checkbox"/> Non-reimbursed medical expense                                | Relationship: <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> dependent <input type="checkbox"/> beneficiary | <input type="checkbox"/> Documents attached |  |
| <input type="checkbox"/> Funeral expenses for family member                            | Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> dependent     | <input type="checkbox"/> Documents attached | +  |
| <input type="checkbox"/> Threat of foreclosure or eviction                             | Number of months behind _____   | <input type="checkbox"/> Documents attached | +  |
| <input type="checkbox"/> Property damage not covered by insurance                      | Describe: _____   | <input type="checkbox"/> Documents attached | +  |
| <input type="checkbox"/> Purchase of primary residence                                 | Describe: _____   | <input type="checkbox"/> Documents attached | +  |
| <input type="checkbox"/> College tuition   | Relationship: <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> dependent <input type="checkbox"/> beneficiary | <input type="checkbox"/> Documents attached | +  |
| <b>Total Amount Needed</b> (to satisfy qualified expenses only)                        |   |   | = <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> |

| Existing 403b loans |                |             |                 |                       |
|---------------------|----------------|-------------|-----------------|-----------------------|
| Investment Provider | Account Number | Loan Amount | Account Balance | Loan Origination Date |
|                     |                |             |                 |                       |
|                     |                |             |                 |                       |
|                     |                |             |                 |                       |

| Required Documentation (examples below) must accompany this form for your request to be considered. |   |
|---|---|
| Non-reimbursed medical expense:   | Copies of the medical bills or your insurance provider's Explanation of Benefits statements (EOBs) showing the amounts covered and not covered by insurance   |
| Funeral expenses:   | Copy of the bill showing that you are the responsible party and the amount owed   |
| Threat of foreclosure or eviction:  | Copy of the notice you received from the mortgage company or landlord regarding the eviction or foreclosure proceedings and evidence of balance due           |
| Property damages not covered by insurance:  | Copies of receipts showing expenses you have incurred and information from your insurance company showing that the expenses are not covered by your policy    |
| Purchase of primary residence:  | Copies of the purchase agreement or contract, along with your mortgage application, or similar documentation showing your costs (excluding mortgage payments) |
| College tuition, related fees, and room/board for next 12 months:                                   | Copies of tuition and room/board statement or invoice, receipts showing other educational related expenses (books, etc)                                       |

**Please forward this completed form and supporting documentation to:**

**Iowa Retirement Investors' Club  
Hoover State Office Building, Level A  
1305 E. Walnut  
Des Moines, IA 50319**

**Fax: 515-281-5102**