

Request for a Hardship Withdrawal Voucher

To determine you have met the requirements to take a hardship withdrawal from this 403(b) or 457(b) plan, please complete the following information. After you have completed this information, you will need to mail or fax it to CPI Common Remitter Services along with supporting documentation. The address can be found at the end of this request. Upon receipt, CPI will determine your eligibility and if approved will send a voucher to you to be attached to your vendor's required hardship withdrawal forms. The Hardship Withdrawal Voucher will be valid 30 days from date of issue.

Your vendor may also require that you provide additional information. Please be aware that vendors may impose additional processing restrictions or requirements in order to receive a hardship withdrawal from a particular account. Therefore, completion of this request does not ensure approval of the hardship withdrawal.

Section A: Participant Information

Plan Name: School District of the City of St. Charles 403(b)/457(b) Plan

Plan Number: 105701

Please print clearly.

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Last Name

First Name

M.I.

Social Security Number (SSN)

Date of Birth

Address

City

State

Zip Code

Is this a new address? Yes No

Daytime Phone Number:

When Available?

Evening Phone Number:

When Available?

In order to expedite the process, a voucher can be automatically sent to you by e-mail.

Would you like the voucher e-mailed to you? Yes No If yes, please provide a valid e-mail address:

Would you like the voucher faxed to you? Yes No If yes, please provide a valid fax number:

Section B: Amount Needed to Satisfy Hardship-Specify Reason for Need

Mark the box or boxes to indicate which of the following immediate and heavy financial needs make you eligible to receive a Hardship Withdrawal. The amount requested for an immediate and heavy financial need may be increased to include any additional amounts necessary to pay any federal, state, or local income taxes reasonably anticipated to result from the distribution. In addition, there may be a 10% excise tax on this type of distribution. This tax will not apply if the distribution is used to pay deductible medical expenses (deductible medical expenses are those that are in excess of 7%-1/2% of your adjusted gross income), or is made when you have attained age 59 1/2.

<input type="checkbox"/> Medical expenses for the Participant, Participant's spouse, or dependents or beneficiaries not paid by insurance.	Amount Needed: \$ _____
<input type="checkbox"/> Costs directly related to the purchase of a principal residence for the Participant (excluding mortgage payments.)	Amount Needed: \$ _____
<input type="checkbox"/> Payment of tuition and related educational fees (such as laboratory fees for science majors, music room fees for music majors, or other fees that are an integral part of education, including room and board) for the next 12 months of post-secondary education for the Participant, Participant's spouse,	Amount Needed: \$ _____

children, dependents, or beneficiaries.	
<input type="checkbox"/> Expenditures to prevent eviction of the Participant from the Participant's principal residence or foreclosure on a mortgage on that residence.	Amount Needed: \$ _____
<input type="checkbox"/> Funeral or burial expenses for Participant's parent, spouse, children, dependents or beneficiaries.	Amount Needed: \$ _____
<input type="checkbox"/> Expenses for the repair of damage to the Participant's principal residence that would qualify for the casualty income tax deduction.	Amount Needed: \$ _____

Total of Immediate Hardship:	\$ _____
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Additional funds to cover taxes and penalties on this withdrawal:	\$ _____
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Total Hardship Withdrawal Requested:	\$ _____
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Please Note: You need to provide information that supports the request for a hardship withdrawal such as: medical bills, notice of eviction or foreclosure, invoice from mortuary, etc. The mailing/faxing instructions are provided at the end of this request.

To receive a hardship withdrawal from the 403(b)/457(b) Plan, it must be made on account of immediate and heavy financial need and it must be necessary to satisfy that need. Therefore, to determine that, please answer the following questions:

1. Can the hardship be relieved by reimbursement or compensation by insurance or other means?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Can the hardship be relieved through the liquidation of savings and investments or the sale of property (if the liquidation or sale would not cause a severe financial hardship)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Can the hardship be alleviated by ceasing your elective deferrals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Can the hardship be relieved by other distributions from your retirement plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Can the hardship be relieved by loans from your retirement plans, loans from insurance policies, or commercial lenders with reasonable terms (if the prepayment of such loans would not itself create a financial hardship)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the amount requested exceed the amount required to satisfy the hardship indicated above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please Note: If the immediate and heavy need can be completely or partially relieved through other means, you are only eligible for a hardship withdrawal for the amount that cannot be relieved through other means. If you answered YES to one or more of the above questions, you will need to adjust the amount you are requesting to only include the amount that cannot be relieved through other means and then re-answer the questions. If the total amount can be relieved through other means, you are *not* eligible for a hardship withdrawal.

Section C: Select a Vendor(s)

Please specify the Vendor from which you are requesting a hardship withdrawal from in the space below:

Vendor Name	Account Number	Total Account Balance	Amount of Hardship Withdrawal
403(b) FundSource		\$	\$
American Fidelity Assurance Company			
Ameriprise Financial Services Inc			
AXA Equitable			
Commonwealth Annuity and Life Insurance Company			
FSL-FTJ FCS 457 (Fidelity Security Life-457b)			
GWN Securities, Inc			
Horace Mann Companies			
ING Life Insurance and Annuity Company			
ING Reliastar			
Lincoln Investment Planning			
Mass Mutual Financial Group			
Mass Mutual Financial Group (Mass Variable)			
Metlife (AKA General American)			
MetLife .			
MetLife Investors			
Oppenheimer Funds			
Security Benefit Group of Companies			
Vantage Credit Union (457b)			
		Total:	\$

Please Note: Your vendors may impose additional restrictions in order to receive a hardship withdrawal from a specific contact or account. For those vendors that offer hardship withdrawals, they may require that you provide additional information. Therefore, completion of this request and receipt of a voucher does not ensure you can withdraw the amount requested from a specified vendor.

Participant Certification

I certify that the information provided in this request is true and correct to the best of my knowledge.

I understand that if elective deferrals are used to meet the withdrawal amount, I will be prohibited from making elective deferrals and/or voluntary employee contributions (if applicable) to this 403(b) or 457(b) plan and all other retirement plans maintained by my employer, if any, for 6 months after receipt of the hardship distribution.

I also understand that my receipt of funds from each selected vendors is contingent on any additional restrictions or requirements imposed under the contract or account from which I am requesting a distribution, and that receipt of a Hardship Withdrawal Voucher does not ensure approval of the distribution.

I further understand that the voucher will expire after 30 days from the date it was issued. If the voucher is not used within 30 days, it will become invalid and it will be necessary to request a new voucher.

Please note: After you have completed this information, you will need to sign and date the document, and mail or fax it to the address below along with paperwork that supports the request for a hardship withdrawal such as: medical bills, notice of eviction or foreclosure, invoice from mortuary, etc. Be sure to keep the originals of the supporting documentation and only send copies to CPI.

Printed Name:

In order to process your request, the following items need to be sent to CPI:

Signature:

This request form.

Date:

Documentation that supports the amount and reason the hardship is needed. Please refer to "Types of Acceptable Documentation to Support Financial Hardship Reason" for a list of the items that can be accepted.

**Please send this request with
required supporting documentation to:**

**CPI Common Remitter Services
4903 10th Street
PO Box 110
Great Bend, KS 67530-0110
Fax (620) 792-5622**

Types of Acceptable Documentation to Support Financial Hardship Reason

Please Note: The IRS has stipulated in order to request a hardship withdrawal; you are required to provide copies of information that supports the financial reason specified. Examples of required documentation to process the request are as follows:

<u>Financial Reason</u>	<u>Types of Acceptable Documentation</u>	<u>Reminders</u>
<p>Medical expenses for the Participant, Participant's spouse, or dependents or beneficiaries not paid by insurance.</p>	<ul style="list-style-type: none"> • Copy of bills from medical provider or insurance explanation of benefits (EOB). If bill does not indicate portion that will be paid by insurance or written off by medical provider, then a separate statement should be included with this information. • If pre-payment is required, statement from medical provider advising of required payment needed in order to receive certain care. 	<p>A hardship withdrawal cannot be approved for the following items:</p> <ul style="list-style-type: none"> • Weight loss program • Health Club Dues • Future Medical Care unless pre-payment is required. • Cosmetic Surgery to improve one's appearance <p>Please Note:</p> <ul style="list-style-type: none"> • If bills previously paid by credit card or loan from family/friend, interest charges cannot be included in determining amount of need.
<p>Costs directly related to the purchase of a principal residence for the Participant</p>	<ul style="list-style-type: none"> • Bill of sale for home or land • Invoices and receipts for building materials and costs of construction • Documentation from mortgage holder • Divorce decree and statements from mortgage holder if buying out ex-spouse's portion 	<p>Please Note:</p> <ul style="list-style-type: none"> • Does not include mortgage payments • Does not include refinancing or renovations to home • Can "buy" out spouse's portion of house
<p>Payment of tuition and related educational fees (such as laboratory fees for science majors, music room fees for music majors, or other fees that are an integral part of education, including room and board)</p>	<ul style="list-style-type: none"> • Financial statement or invoice from school showing amount due • Rental agreement for off-campus housing 	<p>Please Note:</p> <ul style="list-style-type: none"> • Must be for the next 12 months of post-secondary education. • Cannot be used to payoff student loans • Cost of books are not included • Does not include elementary or secondary school tuition
<p>Expenditures to prevent eviction of the Participant from the Participant's principal residence or foreclosure on a mortgage on that residence.</p>	<ul style="list-style-type: none"> • Official notice from lending institution • Letter indicating eviction or foreclosure will occur if the stated amount is not paid 	<p>Please Note:</p> <ul style="list-style-type: none"> • Must be behind on rent or mortgage payments to qualify • Employee does not have to be on the lease or be the mortgage holder to qualify • Includes payment for back taxes to prevent foreclosure due to sale of property
<p>Funeral or burial expenses for Participant's parent, spouse, children, dependents or beneficiaries.</p>	<ul style="list-style-type: none"> • Bill from mortuary/funeral home 	<p>Please Note:</p> <ul style="list-style-type: none"> • Does not include travel expenses or pre-planning funeral • Does not include expenses for pre-planning

<p>Expenses for the repair of damage to the Participant's principal residence that would qualify for the casualty income tax deduction.</p>	<ul style="list-style-type: none"> • Invoices for cost of repairs due to sudden or unexpected damage • Insurance statement showing reimbursement amount 	<p>Please Note:</p> <ul style="list-style-type: none"> • Does not include loss due to progressive deterioration over a period of time • Copy of tax return showing amount deducted is not acceptable documentation
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Additional Documentation That May Be Required:

If the need is for a beneficiary, include a copy of the beneficiary form that designates them as a beneficiary.

If the need is for a dependent, include a signed statement that indicates the individual qualifies as a dependent.