

403(b) PLAN DISBURSEMENT REQUEST FORM

HARDSHIP WITHDRAWAL

- Please supply the information requested below.
- Read all agreements on this form before submitting.
- Fields having an asterisk notation are required.

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

Hardship Information

A hardship distribution is a distribution of funds from your 403(b) account due to an immediate and heavy financial need. Seven circumstances are deemed by the IRS to constitute an immediate and heavy financial need:

- Medical expenses for the employee or his/her spouse or dependents
- Costs for the purchase of a principal residence
- Tuition and related educational expenses for the employee or his/her spouse or dependents
- Payments necessary to prevent eviction from or foreclosure on a primary residence
- Burial or funeral expenses for the employee's parent, spouse, or dependents
- Repair of damage to the employee's principal residence
- Expenses and losses incurred on account of a FEMA declared disaster

Other requirements particular to hardship distributions are:

- The amount of the hardship distribution cannot exceed the amount of the immediate and heavy financial need.
- Hardship distributions can only be made from employee contributions and qualified employer non-elective and matching contributions made to a non-custodial account.

Your employer has hired U.S. OMNI & TSACG Compliance Services to authorize hardship distributions from its 403(b) plan. Accordingly, OMNI/TSACG only approves hardship distributions meeting one of the seven categories and requires you to certify that the hardship distribution is for one of the seven circumstances described above. In addition, you must certify that the requested amount does not exceed the amount required to satisfy the need and you have no alternative means reasonably available to satisfy the need.

Part 1: Employee Information

* Social Security Number: * First Name: MI: * Last Name:

* Address:

* City: * State: * Zip: * Date of Birth:

* Phone: * Email address:

There is a financial advisor/representative associated with the transaction.

Sales Agent/Representative Name:

Phone: Email:

I wish the above named agent to be copied on all email communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction. *(Requires agent's email address to be provided above)*

Part 2: Distributing Account Information

* Please provide the full Organization Name, City and State for the employer from whose Plan you wish to withdraw funds:

* Please provide the following information for the Service Provider who will be distributing (paying out) the funds for this transaction:

*Service Provider Company:

Account Number:

Amount to be Distributed:

Part 3: Hardship Circumstances

- Medical care expenses previously incurred by the employee, the employee's spouse, any dependents of the employee, or the employee's primary beneficiary under the 403(b) plan, necessary for these persons to obtain medical care
- Costs directly related to the purchase of a principal residence for the employee (excluding mortgage payments)
- Payment of tuition, related educational fees, and room and board expenses, for the next 12 months of post-secondary education of the employee, or the employee's spouse, children, dependents, or primary beneficiary under the 403(b) plan
- Payment necessary to prevent eviction of the employee from the employee's principal residence or foreclosure on the mortgage on that residence
- Payment of funeral expenses for the employee's spouse, dependent, or primary beneficiary under the 403(b) plan
- Certain expenses relating to the repair of damage to the employee's principal residence
- Expenses and losses (including loss of income) incurred by the Employee on account of a FEMA declared disaster, provided that the Employee's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

* Date Hardship First Occurred:

Part 4: Alternate Option Confirmations

1. Is the amount requested more than the amount required to satisfy your financial need (including any amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution)? Yes No
2. Do you have available distributions, other than a hardship distribution or loan, under any other plan? Yes No
3. Do have sufficient cash or other liquid assets to satisfy your financial need? Yes No

Part 5: Employee Signature (Mandatory)

- I certify that the hardship distribution requested is for an immediate and heavy financial need, does not exceed the amount of the need, and have no alternative means reasonably available to satisfy the need.

By signing below, I hereby certify that the information on this form is correct and complete to the best of my knowledge.

Employee Signature: Date:

Please return this form to OMNI/TSACG, unless otherwise advised by your employer:

U.S. OMNI & TSACG Compliance Services
220 Alexander Street, Suite 400 | Rochester, NY 14607
Toll Free: (877) 544-OMNI | Fax: (585) 756-5557 | Please visit our website at www.omni403b.com

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