

403(b) Hardship Withdrawal Disclosure

Employer Name

Employee Name: (print first, middle, last)	Social Security Number:
Company Name:	403(b) Account Number:
Company Address:	

I hereby certify that I have incurred a financial hardship as defined by Internal Revenue Service regulation §1.401(k)-1(d)(3)(i).

- Unreimbursed medical expenses (including the past 12 months, these costs exceed \$ _____).
- Costs related to purchase of a principal residence (excluding mortgage payments). These costs will exceed \$ _____.
- Tuition and related educational fees as well as room and board expenses for the next 12 months of postsecondary education for myself, my spouse or dependents, which are estimated to exceed \$ _____.
- Payments necessary to prevent eviction from, or to avoid foreclosure on my principal residence, the cost of which shall exceed \$ _____.
- Burial or Funeral Expenses. These costs exceed \$ _____.
- Expenses for the repair of damage to my principal residence. These costs exceed \$ _____.

Important: Evidence of the expenses indicated above must be attached to this form. Evidence includes bills and/or receipts directly related to the expense or letters and/or official notices of eviction or foreclosure.

I certify that the withdrawal amount designated on the attached 403(b) provider distribution form (is necessary to meet my financial need created by the hardship to the extent that no other funds are reasonably available. I have determined that the amount of my financial hardship cannot be satisfied by any other resources available to me, including assets of my spouse or minor children. I have also determined that I have no other distributions and nontaxable loans currently available to me under my 403(b) account or any other benefit plans maintained by my employer or State Retirement Plan(s).

I acknowledge that, upon my receipt of the hardship distribution, my employer will suspend my contributions for a period of 6 months. I understand that I cannot roll over the hardship distribution to any other tax-deferred retirement plan or individual Retirement Account or Annuity (IRA). Further, I agree to indemnify and hold my employer harmless from any losses or financial obligation, which may arise by reason of authorizing this financial hardship request with respect to my 403(b) arrangement.

I certify under penalty of perjury that all of the foregoing statements are true and correct.

Employee's Signature ▶	Date:
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Submit Completed Form and All Accompanying Paperwork To:
TSA Consulting Group, Inc.
15 Yacht Club Dr. NE
Fort Walton Beach, FL 32548
Fax: 1-866-741-0645

DO NOT WRITE IN THIS SECTION

Hardship Request Approved:

Date Signed

Notes:

Date Stamp