



# HCS RETIREMENT SERVICES, LLC

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[www.mycpa.com](http://www.mycpa.com)

## Hardship Distribution

EMPLOYER:		PLAN:	
Last Name: _____		S. S. #: _____	
First Name: _____		Date of Birth: _____	
Address: _____		Email: _____	
City: _____		State: _____	
Phone : _____		Zip: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (spousal consent required)			

- DISTRIBUTION REQUIREMENTS**
- You may only withdraw the amount needed to meet your financial emergency.
  - You must exhaust all other sources of funds including Plan loans, before receiving a Hardship Distribution.
  - The Trustees are obligated to ask personal questions in order to determine eligibility.
  - Elective Contributions to any 401(k) Account must be suspended for at least six (6) months.
  - Be advised of the tax implications, such as 10% early withdrawal penalty, State and Federal taxes. You should consult appropriate tax advisors.

X PURPOSE OF WITHDRAWAL	AMOUNT NEEDED
<input type="checkbox"/> 1 Medical Expense not Paid by Insurance (for participant, spouse or dependents).	\$ _____
<input type="checkbox"/> 2 Payment of Tuition and Related Fees (for participant spouse, children or dependents).	\$ _____
<input type="checkbox"/> 3 Purchase of Primary Residence for Participant. Does <b>Not</b> Include Mortgage Payments.	\$ _____
<input type="checkbox"/> 4 To Prevent Eviction or Foreclosure of Primary Residence of Participant.	\$ _____
<input type="checkbox"/> 5 Payment for Funeral or Burial Expenses (for participant's deceased parent, spouse, child or dependent).	\$ _____
<input type="checkbox"/> 6 Expenses to Repair Damages Due to a Natural Disaster (qualifies as a casualty loss).	\$ _____
<b>Total of Immediate Hardship (add lines 1 through 7)</b>	<b>Subtotal: \$</b> _____
<input type="checkbox"/> Additional Funds to cover taxes and penalties on this withdrawal (limit 40%)	\$ _____
<b>TOTAL HARDSHIP WITHDRAWAL REQUESTED</b>	<b>TOTAL: \$</b> _____

- IRS REQUIRED HARDSHIP DISTRIBUTION QUESTIONS**
- Yes  No • Can the hardship be relieved by reimbursement or compensation by insurance or other means?
- Yes  No • Can the hardship be relieved through liquidation of assets (if this would not cause a severe financial hardship)?
- Yes  No • Can the hardship be alleviated by stopping your 401(k) contributions?
- Yes  No • Can the hardship be relieved by a Retirement Plan loan or by borrowing from commercial sources?
- Yes  No • Does the amount requested exceed the amount required to satisfy the hardship indicated above?

**SALE OF PLAN ASSETS TO FUND DISTRIBUTION**

I understand that my hardship distribution will first be taken from my Employer Contribution Account. If my Employer Contribution Account does not contain enough to satisfy the hardship distribution, the remaining hardship distribution will be taken from my deferral accounts in the following manner.

To the extent a hardship distribution is take from my deferral accounts, I elect to have such hardship distribution paid as follows. This provision applies only with respect to the portion of the hardship distribution paid from my deferral accounts (if any).


1 Employer Contribution Account  2 Employer Matching (not including Safe Harbor)

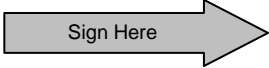
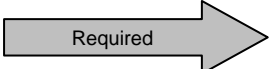
Please select one of the following. Failure to select will result in the distribution being made on a pro-rata basis from both the Deferral and Roth accounts.

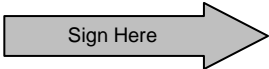
Deferral Account THEN Roth Account  Roth Account THEN Deferral Account



## Hardship Distribution cont.

CERTIFICATION OF HARDSHIP AND DISTRIBUTION	
<p>I hereby certify that I have incurred the hardship event designated above. I also certify that the amount of the Hardship Distribution is not in excess of the amount necessary to satisfy the hardship event (including amounts necessary to pay any Federal, State, or Local Income Taxes or Penalties reasonably anticipated to result from the Distribution). I certify that I have obtained all available distributions other than Hardship Distributions and all non-taxable loans under the Plan and all Plans maintained by the Employer.</p> <p>I also understand that if any portion of the Hardship Distribution is taken from my Salary Deferral Accounts (including Roth), I will be suspended from making any additional Salary Deferrals (including Roth) to the Plan for six (6) months after the receipt of the Hardship Distribution.</p> <p>I hereby request the following Hardship Distribution Amount: \$ _____</p>	
	<p>_____</p> <p>Employee Signature <span style="float: right;">Date _____</span></p>

SPOUSAL CONSENT	
<p><b>Spousal Consent (Required with any distribution exceeds \$5,000)</b></p> <p>I certify that I am the Spouse of the above named Employee. I understand that my consent is required for this Distribution. I further understand and agree to the terms of this Hardship Distribution and understand that I will be giving up the future benefit of this money.</p>	
	<p>_____</p> <p>Spouse Signature <span style="float: right;">Date _____</span></p>
<b>WITNESS to Spousal Signature:</b>	
	<p>_____</p> <p>Notary Public or Plan Representative Signature <span style="float: right;">Date _____</span></p>

TRUSTEE APPROVAL – SEND COMPLETED FORM TO HCS RETIRMENT SERVICES FOR PROCESSING	
<p><input type="checkbox"/> We, the Trustees have approved this Hardship Distribution for the following Amount: \$ _____</p> <p><input type="checkbox"/> We, the Trustees have Declined to approve this Hardship Distribution based on the information on this form.</p> <p>And Further, _____</p> <p>_____</p> <p>_____</p>	
	<p>_____</p> <p>Trustee Signature <span style="float: right;">Date _____</span></p>