

## Request for a Hardship Withdrawal Voucher

To determine you have met the requirements to take a hardship withdrawal from this 403(b) plan, please complete the following information. After you have completed this information, you will need to mail or fax it to GLP Strategic Administrative group along with supporting documentation. The address can be found at the end of this request. Upon receipt, GLP will determine your eligibility and if approved will send a voucher to you to be attached to your vendor's required hardship 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

**Employer Name:** \_\_\_\_\_

Last	First	M.I.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	
Social Security Number												
DOB												
Address				City			State		Is this a new address? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Daytime Phone				When Available								
Evening Phone				When Available								

### 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 those that are in excess of 7%.5% 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 dependants 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, children, dependants, or beneficiaries.	Amount Needed: \$ _____
<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, dependants 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: medicals bills, notice of eviction or foreclosure, invoice from mortuary, etc. The mailing/faxing instructions are provided below.**

GLP SAG should forward this form and associated paperwork to: **THIS BOX IS REQUIRED**

Fax \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

To receive a hardship withdrawal from the 403(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 to 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 loan from in the space below

Vendor	Account Number	Total Account Balance	Amount of Loan
1.		\$	\$
2.		\$	\$
3.		\$	\$
		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) 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 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 GLP**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this request with supporting documentation to:

GLP Strategic Administrative Group  
37000 12 Mile Rd. Suite 101  
Farmington Hills, Mi. 48331  
Phone: 248-489-0101  
Fax: 248-876-9657