State of Hawaii DOE 403(b) Hardship Authorization Form

Participant Instructions

The State of Hawaii DOE 403(b) Hardship Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator, to authorize any hardship distribution of 403(b) amounts from your employer or former employer's 403(b) plan. **You must attach documentation providing evidence that you have a financial hardship.** The investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the exchanging investment provider indicated below. Complete steps 1- 4 and mail or fax this form to NBS. Inquiries regarding the status of your hardship withdrawal request may be directed to NBS at (866) 439-2289 ext. 165. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days.

NBS Mailing Address: National Benefit Services, LLC
8523 South Redwood Road
West Jordan, UT 84088

NBS Fax Number: 800-597-8206

NBS Phone Number: 866-439-2289 ext. 165

Investment Provider Instructions

NBS represents this hardship withdrawal of 403(b) amounts is permitted by the employer's plan and is in accordance with the 403(b) Provider/Information Sharing Agreement (Agreement) entered into by your company and NBS, provided that NBS has signed below. The investment provider should distribute no more than the amount indicated in the Maximum Eligible Hardship Amount box.

Hardship Withdrawal Provisions

Hardship Withdrawal Provisions: Hardship withdrawals are only permitted to the extent a participant demonstrates that the reason for the hardship withdrawal complies with the applicable requirements under the Internal Revenue Code and that such hardship imposes an immediate and heavy financial burden upon such participant. Hardship withdrawals are limited to bona fide financial emergencies. A hardship withdrawal cannot be applied for until all other options have been exhausted. These options include: insurance, reasonable liquidation of the participant's assets, cessation of elective deferrals to any retirement account, or other distributions or loans from the employer's plan(s) or a commercial loan.

Amounts Available for Withdrawal: If you have a qualified hardship, you may withdraw the amount necessary to meet the need created by the hardship, as long as the amount withdrawn does not exceed your total employee deferrals less any earnings. The total amount of the withdrawal cannot exceed the value of your deferral account.

A hardship withdrawal disqualifies you from making deferral contributions to any 403(b) retirement account for 6 months after withdrawal. Once this form has been approved by NBS, an automatic administrative cancellation of your salary reduction agreement will be executed, if applicable.

Step 1

Participant Information

Participant Name	Social Security Number	Date of Birth
Participant Mailing Address (Street) (City, ST ZIP)	Home Phone Number	Work Phone Number
	Agent Name	Agent Phone Number

Step 2

Hardship Reason

In the space provided below, indicate the nature of the hardship for which you are requesting a withdrawal. You may attach additional pages if more space is needed. ***You must attach appropriate documentation providing evidence that you have a financial hardship.*** As part of the review process, you may be required to provide additional proof of your financial hardship.

- ☐ Payment for or to obtain medical care for the participant or the participant's spouse or dependents
- ☐ Costs related to the purchase of a participant's principal residence (not including mortgage payments)
- ☐ Payment of tuition related educational fees, and room and board expenses for the next 12 months of post-secondary education for the participant, the participant's spouse, or dependents
- ☐ Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence

Step 3

Investment Provider Information

Investment provider from which 403(b) amounts will be withdrawn

Investment Provider: ______________________

Account Number ______________________

Street or P.O. Box ______________________

City, State, Zip ______________________

Fax Number ______________________ Phone Number: ______________________

Step 4

Hardship Amount and Participant Approval

I hereby certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above. I declare under penalty of perjury under the laws of the state of Hawaii that the information I have supplied on this application for the hardship withdrawal is true and complete in all respects. I recognize that the information contained on and attached to this form may be shared with a third party (National Benefit Services, LLC (NBS)) as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the release of non-public information pertaining to the above accounts and transaction to NBS representatives as necessary to administer the plan.

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Requested Hardship Amount

______________________ Participant Signature (Required) ______________ Date

For NBS Use Only

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Maximum Eligible Hardship Amount

______________________ NBS Signature (Required) ______________ Date