

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 OMNI Common Remitter Services along with supporting documentation. The contact information can be found at the end of this request. Upon receipt, OMNI will determine your eligibility and if approved will send a voucher to you to be attached to your vendor's required hardship withdrawal 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

Plan Name: Coventry Public Schools 403(b) Plan	Plan Number: 7989
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Please print clearly.		
Last Name	First Name	Social Security Number (SSN)
Date of Birth	Are you currently employed with the above employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		
City	State	Zip Code
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daytime Phone Number:		When Available?
Evening Phone Number:		When Available?

In order to expedite the process, the voucher can be sent to you by e-mail or fax.	
Would you like the voucher e-mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a valid e-mail address: _____	
Would you like the voucher faxed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a valid fax number: (____) _____ - _____ Attn: _____	

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 in excess of 7%-1/2% of your adjusted gross income), or is made when you have attained age 59 1/2.

Current Medical expenses for the Participant, Participant's spouse, or dependents or beneficiaries not paid by insurance. **	Amount Needed: \$ _____
Costs directly related to the purchase of a principal residence for the Participant (excluding mortgage payments.)	Amount Needed: \$ _____

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, dependents, or beneficiaries.**	Amount Needed: \$ _____
Expenditures to prevent eviction of the Participant from the Participant's principal residence or foreclosure on a mortgage on that residence.	Amount Needed: \$ _____
Funeral or burial expenses for Participant's parent, spouse, children, dependents or beneficiaries.**	Amount Needed: \$ _____
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: medical bills, notice of eviction or foreclosure, invoice from mortuary, etc. The mailing/faxing instructions are provided at the end of this request.

****If the need is for a beneficiary, include a copy of the beneficiary form that designates them as a beneficiary.**

If the need is for a dependent, include a signed statement that indicates the individual qualifies as a dependent.

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 be 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: Other Retirement Plans

If you are requesting a hardship from a vendor other than the ones listed below, please complete the following information. Do not include any accounts listed in another employer's plan or any amounts listed with the following approved vendors:

Ameriprise Financial Services Inc

AXA Equitable

Commonwealth Annuity and Life Insurance Company, for itself, Protective Life, & Kemper Investors Life

Fidelity Investments

Great American Financial Resources Incorporated

ING Life Insurance and Annuity Company

Lincoln Investment Planning

Mass Mutual Financial Group

MetLife

MetLife Investors

MetLife of CT

The Variable Annuity Life Insurance Company

Waddell & Reed Financial Services

Vendor requesting the hardship from:

Is the money invested in a: Annuity Contract TSA 403(b) _____ Custodial Account 403(b)7 _____

A. What is the current account balance:

B. Provide a break down of the account: ****The below amounts need to total the amount given in A****

1. Portion of contract/account attributable to **Pre-Tax Salary Deferrals:**

2. Portion of contract/account attributable to **Roth After-Tax Deferrals:**

3. Portion of contract/account attributable to **Employer Matching Contributions (If applicable):**

4. Portion of contract/account attributable to **Employer Nonelective Contributions (If applicable):**

5. Portion of contract/account attributable to **Rollover Contributions (If applicable):**

D. What is the total value of the account **before 1/1/1989:**

E. What is the value of pre-tax elective deferrals made **after 12/31/1988** or since the account was opened - **only pre-tax deferrals no interest included in this total:**

F. Have you made any previous hardship withdrawals: Yes _____ No _____

Total previous hardship withdrawal amount:

G. What is the current outstanding loan balance **(If applicable):**

Section D: Select a 403(b) Vendor(s)

Please specify the vendor in which you are requesting a hardship withdrawal from, in the space below:

Vendor Name	Account Number	Total Account Balance	Amount of Hardship Withdrawal
		\$	\$
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 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 email 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 OMNI.

Printed Name:

Signature:

Date:

In order to process your request, the following items need to be sent to OMNI:

- This request form.
- Documentation that supports the amount and reason the hardship is needed. Please refer to "Types of Acceptable Documentation to Support Financial Hardship Reason" for a list of the items that can be accepted.

**Please send this request with
required supporting documentation to:**

<p>The OMNI Group <u>serviceprovider@omni403b.com</u> OR Fax: 1-585-756-5557</p>
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