



Financial Group®

Retirement Financial Services
P O Box 2248
Fort Wayne IN 46801-2248
Phone 800 248-0838
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Trustee Directive for Benefit Payment

Hardship

Participant Information	Contract/Certificate number	
	Plan Name	
	Participant's name	
	Address	
	City, State	ZIP
	Social Security number	Daytime phone #
	Date of birth (mm/dd/yyyy)	Date of hire
	Alternate contact name	Alternate Phone #
	Alternate Address	

Our records will be updated to reflect the address given here.

Form and Type of Benefit Election

I elect to receive a hardship distribution in the amount of \$ _____

Reason for hardship _____

Note: *You may specify the sources (classes) only, or both the sources and accounts from which you would like your assets withdrawn by completing the appropriate sections on page 23 and returning it with your distribution request. Otherwise, we will deduct from the first account with a balance completely depleting that account prior to moving to the next account, until the full amount has been withdrawn. Confirmation will be sent to the participant or trustee indicating how the withdrawal was processed and which accounts were used.*

Voluntary Tax Withholding Election

Please consult your tax advisor prior to making any elections. Federal tax of 10% will be withheld on hardship distributions unless instructed to withhold at a different rate. Refer to pages 5-11 of this booklet for more information.

State taxes may apply depending on your state of residence. State taxes will be withheld at the appropriate rate when applicable.

Instead of 10% withholding, withhold at _____% (May be as low as 0%)

Payment Instructions

The check will be mailed to the participant's address as given in the Participant Information Section above.

The check will be mailed to the Trustee

The funds will be sent directly to the financial institution listed below via ACH. *(If incomplete or inaccurate information is received, a check will be sent to the participant.)*

ABA number (nine digit routing number or attach voided check)

Account number Checking Savings

Account owner's name

Financial institution's name

Address

City, State ZIP

Complete the back of this page

Vesting

Indicate the number of hours worked in year of severance of employment _____

Must complete vesting or distribution will not be processed.

Is there an outstanding loan? Yes No

Outstanding loan balance \$ _____

Does this distribution contain after tax dollars? Yes No

After tax basis \$ _____

To be completed by plan administrator/ third party administrator.

Indicate percentage vested by source below:

Employer (A)	Employer Discretionary (C)	Employer Matching (D)	Bundled (L) (Employer & Employee)	Employer Secondary Match (U)

Participant and Spouse Signatures

By signing below you certify that the information contained on this form is complete and accurate. You understand that if voluntary tax withholding is available for your distribution, and you fail to complete the Voluntary Tax Withholding Election section of this form that taxes will be withheld at 10%. You also authorize the plan fiduciary to direct Retirement Financial Services to issue payment according to the selection made in this form.

Participant/Beneficiary signature _____

Date _____

Check here if you do not have a living spouse

Spousal consent not required for all plans. Please check with your plan administrator.

By signing below, you, the spouse, consent to the election by your spouse to waive the qualified joint and survivor annuity form of payment and/or the election of an immediate distribution of the benefit. You further acknowledge that the qualified joint and survivor annuity has been explained to you and you understand the effect of such election and that signing here will cause you to give up important rights to which you otherwise may be entitled.

Spouse signature _____

Date _____

(Required if Vested Account Balance is greater than \$5,000)

Witness signature _____

Date _____

(Notary Public or Plan Representative)

Signature / Authorization

By signing below, you, the plan administrator/trustee, certify that the participant has been provided a written explanation of the rollover rules, the special tax treatment available to lump sum distributions, the direct rollover option and the mandatory income tax withholding rules. You also direct retirement Financial Services to process the benefit election selected on this form

Forms will be returned if appropriate signatures are not present.

Plan administrator/
Trustee name *(Please print)* _____

Plan Administrator/
Trustee signature _____

Date _____

TPA Authorization code _____

Initials _____

Date _____