

Hardship Distribution Checklist

The purpose of this form

This form will help the plan administrator determine if you qualify for a financial hardship distribution from your retirement plan. For detailed explanations of the tax regulations governing hardship distributions, read Title 26 CFR 1.401(k)-1(d)(3) of the Federal Code of Regulations. You can access this information on the Internal Revenue Service's website at [http://edocket.access.gpo.gov/cfr_2007/apr/qtr/26cfr1.401\(k\)-1.htm](http://edocket.access.gpo.gov/cfr_2007/apr/qtr/26cfr1.401(k)-1.htm).

- A hardship is deemed necessary only if there is an immediate and heavy financial need and other sources are not available to obtain the funds to meet the need.
- Depending on your particular retirement plan design, hardship withdrawals may be limited to the amount of an employee's elective deferrals.
- Suspension of elective deferrals to all employer plans is required for a minimum of 6 months under the safe-harbor option.
- To apply for a hardship distribution, contact Lincoln Customer Service at 800-234-3500 to request a distribution form. Once you complete this form, you must sign and submit it, along with any other documents required to support your financial need.
- This information is based on Lincoln Financial Group's current analysis of the IRS rules and regulations and should not be construed as legal or tax advice. Lincoln Financial advises that tax or legal counsel be consulted regarding the permissibility of any distribution.

Hardship scenario comparison chart

Examples of IRS-Approved Needs

- Uninsured medical expenses incurred by the participant, the participant's spouse, primary beneficiary, or the participant's dependents
- Costs directly related to the purchase of a principal residence for the employee (excluding mortgage payments)
- Payment of tuition, related educational fees, and room & board expenses, for up to the next 12 months of post-secondary education for the employee, the employee's spouse, children, primary beneficiary, or dependents
- Payments to prevent eviction of employee from primary residence or foreclosure on mortgage on primary residence
- Payments for burial or funeral expenses for the employee's deceased parent, spouse, children, primary beneficiary, or dependents
- Expenses for the repair of damage to the employee's primary residence that would qualify for the casualty deduction without regard to whether the loss exceeds 10% of adjusted gross income

Documentation Required

- Copies of bills and insurance claim statements for uninsured medical expenses
- Copy of signed purchase agreement for primary residence, or sales contract
- Copy of tuition bill for future term
- Copy of the eviction notice, or foreclosure notice
- Copy of bill for funeral or burial expenses
- Copy of bills for repair of primary residence, any applicable police reports or insurance inspector reports

Check the items on the list that apply to you

If you answer "No" to any of these questions, you may not be eligible for a hardship distribution. All available sources of money must be used before a hardship distribution may be taken. If you answer "Yes" to any of the following questions, you must be able to support your statements with documentation. Please refer to the Hardship scenario comparison chart for examples of IRS-approved needs and the documentation required.

Yes No

- Is the expense one of which the IRS regulations qualifies as "an immediate and heavy financial need"? Refer to the Hardship scenario comparison chart for examples.
- Can you document your expenses? The amount of the distribution should not exceed the minimum amount needed to cover the hardship. Please retain examples of documentation for your records.
- Have you obtained all available distributions (other than hardship distributions) and nontaxable loans?
- I will contact my employer to stop all elective contributions under all of my employer's plans.

Important information

I understand that:

- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signatures

- I have read the **Important Information** section and understand the implications said.
- I reviewed the above information and I hereby certify that my answers on this form, and the documents I have attached hereto, are true and correct and can be relied on. I hereby request a hardship withdrawal. I understand my elective contributions will stop for a six-month period after I receive a hardship withdrawal.

X

Participant's signature

Date

Return this form to: Your designated Lincoln Retirement Consultant

OR

Mail this form to: The Johns Hopkins Hospital, c/o Lincoln Retirement Services Co., PO Box 7876, Fort Wayne, IN 46801-7876

OR

Fax this form to: The Johns Hopkins Hospital, c/o Lincoln Retirement Services Co. at 260-455-9975

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