

Hardship Distribution Checklist

<p>PART 1 The purpose of this form</p>	<p>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)(2) of the Federal Code of Regulations. You can access this information on the Internal Revenue Service’s website at www.access.gpo.gov/nara/cfr/cfr-table-search.html.</p> <ul style="list-style-type: none"> • A hardship distribution is deemed necessary only if there is an immediate and heavy financial 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 6-month period under the safe-harbor option. • To apply for a hardship distribution, complete the distribution request form, as well as this hardship distribution checklist. Sign both and send them to the address at the bottom. 															
<p>PART 2 Check the items on this list that apply to you</p>	<p>If you answer “No” to any of these questions, you may not be eligible for a hardship distribution. All available plan distributions and loans must be taken 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.</p> <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is the expense one of the following, which the IRS regulations deem to be “an immediate and heavy financial need”? <ul style="list-style-type: none"> • Uninsured medical expenses • Purchase of a primary residence • College expenses • To prevent eviction from or foreclosure on your primary residence </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Can you document your expenses? The amount of the distribution should not exceed the minimum amount needed to cover the hardship plus reasonably anticipated income and penalty taxes. Please retain examples of documentation for your records. Some examples of documentation would include: <ul style="list-style-type: none"> • Copies of bills and insurance claim statements for uninsured medical expenses. • Copy of purchase agreement for primary residence • Copy of bill for tuition • Copy of the eviction notice </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Have you obtained all available distributions (other than hardship distributions) and nontaxable loans from the plan?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Have you contacted your employer to stop all elective contributions under all of your employer’s plans?</td> </tr> </tbody> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Is the expense one of the following, which the IRS regulations deem to be “an immediate and heavy financial need”? <ul style="list-style-type: none"> • Uninsured medical expenses • Purchase of a primary residence • College expenses • To prevent eviction from or foreclosure on your primary residence 	<input type="checkbox"/>	<input type="checkbox"/>	Can you document your expenses? The amount of the distribution should not exceed the minimum amount needed to cover the hardship plus reasonably anticipated income and penalty taxes. Please retain examples of documentation for your records. Some examples of documentation would include: <ul style="list-style-type: none"> • Copies of bills and insurance claim statements for uninsured medical expenses. • Copy of purchase agreement for primary residence • Copy of bill for tuition • Copy of the eviction notice 	<input type="checkbox"/>	<input type="checkbox"/>	Have you obtained all available distributions (other than hardship distributions) and nontaxable loans from the plan?	<input type="checkbox"/>	<input type="checkbox"/>	Have you contacted your employer to stop all elective contributions under all of your employer’s plans?
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<p>PART 3 Signatures</p>	<p>I reviewed the above information and feel I meet the requirements. I am requesting a hardship distribution.</p> <p>X _____ Participant’s signature Date</p>															
<p>Return this form to:</p>	<p>Your designated Lincoln Retirement Consultant -or- Johns Hopkins Hospital c/o Lincoln Retirement Services Co. 3800 N. Wilke Road, Suite 250 Arlington Heights, IL 60004-9915</p>															