Hardship Self-Certification Form

Name	SSN	DOB
_____	_____	_____
Plan Employer/Sponsor	Email	Phone
_____	_____	_____
Investment Company	Account Number	Amount Requested
_____	_____	_____

Please indicate the applicable reason(s) for this hardship request:

☐ Medical expenses (within the meaning of IRC § 213(d)) incurred or necessary for medical care of the participant or the participant's spouse, dependent, or primary beneficiary under the plan.

☐ The purchase (excluding mortgage payments) of the participant's principal residence.

☐ Payment of tuition, related educational fees, and room and board expenses for up to the next 12 months of post-secondary education for the participant or the participant's spouse, child, dependent, or primary beneficiary under the plan.

☐ Payments necessary to prevent the eviction of the participant from the participant's principal residence or foreclosure on the mortgage on that residence.

☐ Payments for burial or funeral expenses for the participant's deceased parent, spouse, child, dependent (as defined in IRC § 152 without regard to § 152(d)(1)(B)), or primary beneficiary under the plan.

☐ Expenses to repair damage to the participant's principal residence that would qualify for the casualty loss deduction under IRC § 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income).

☐ Expenses and losses (including loss of income) incurred by the participant on account of a federal disaster provided that the participant's principal residence or principal place of employement at the time of the disaster is located in an area designated by FEMA as qualifying for individual assistance with respect to the disaster.

- If applicable, identify the disaster: _____.

I certify that:

- I have incurred a hardship as defined by the IRS at 26 U.S.C. § 1.401(k)-1(d)(3).
- This distribution is on account of the reason(s) indicated above, which represent an immediate and heavy financial need. I have no alternative means reasonably available to satisfy the financial need.
- The requested distribution amount does not exceed the amount required to satisfy the financial need.
- I have reviewed the information set forth in Attachment I, including the description of documentation that I must retain. I will retain all required documentation related to this distribution and will provide the documentation to the plan administrator, my employer, and/or the IRS upon request.
- I understand that hardship distributions may be subject to limitations of my employer/sponor and the applicable plan documents.
- I understand that a hardship distribution is taxable and may be subject to early withdrawal penalties.

_____ _____

Participant Signature Date

1995 E. Rum River Dr. S. Cambridge, MN 55008
Phone: 763-689-0111 Fax: 763-689-6685 Email: acssupport@aviben.com

Attachment I

HARDSHIP SUBSTANTIATION INFORMATION AND NOTIFICATIONS FOR SUMMARY OF SOURCE DOCUMENTS

I. Notifications that the Employer/Administrator Must Provide to the Employee

- The hardship distribution is taxable and additional taxes could apply.
- The amount of the distribution cannot exceed the immediate and heavy financial need.
- Hardship distributions cannot be made from earnings on elective contributions or from QNEC or QMAC accounts, if applicable.
- The recipient agrees to preserve source documents and to make them available at any time, upon request, to the employer or administrator.

II. General Information for All Hardship Requests

- Participant's name
- Total cost of the event causing hardship (for example, total cost of medical care, total cost of funeral/burial expenses, payment needed to avoid foreclosure or eviction)
- Amount of distribution requested
- Certification by the participant that the information provided is true and accurate

III. Specific Information on Deemed Hardships

A. Medical Care

- Who incurred the medical expenses (name)?
- What is the relationship to the participant (self, spouse, dependent, or primary beneficiary under the plan)?
- What was the purpose of the medical care (not the actual condition but the general category of expense, for example, diagnosis, treatment, prevention, associated transportation, long-term care)?
- Name and address of the service provider (hospital, doctor/dentist/chiropractor/other, pharmacy)
- Amount of medical expenses not covered by insurance

B. Purchase of Principal Residence

- Will this be the participant's principal residence?
- Address of the residence
- Purchase price of the principal residence
- Types of costs and expenses covered (down-payment, closing costs and/or title fees)
- Name and address of the lender

- Date of the purchase/sale agreement
- Expected date of closing

C. Educational Payments

- Who are the educational payments for (name)?
- What is the relationship to the participant (self, spouse, child, dependent, or primary beneficiary under the plan)?
- Name and address of the educational institution
- Categories of educational payments involved (post-high school tuition, related fees, room and board)
- Period covered by the educational payments (beginning/end dates of up to 12 months)

D. Foreclosure/Eviction from Your Principal Residence

- Is this the participant's principal residence?
- Address of the residence
- Type of event (foreclosure or eviction)
- Name and address of the party that issued the foreclosure or eviction notice
- Date of the notice of foreclosure or eviction
- Due date of the payment to avoid foreclosure or eviction

E. Funeral and Burial Expenses

- Name of the deceased
- Relationship to the participant (parent, spouse, child, dependent, or primary beneficiary under the plan)
- Date of death
- Name and address of the service provider (cemetery, funeral home, etc.)

F. Repairs for Damage to Principal Residence

- Is this the participant's principal residence?
- Address of the residence that sustained damage
- Briefly describe the cause of the casualty loss (fire, flooding, type of weather-related damage, etc.), including the date of the casualty loss
- Briefly describe the repairs, including the date(s) of repair (in process or completed)