403(b) Account Request

FIRST REQUEST

Investment Provider Name			
☐ Fax No:	☐ Email		
☐ Mailing Address:		State	Zip
Participant Name EEName		Date	
Plan Name 403 Plan			

As TPA for the above-referenced retirement plan, we have received a request to issue a payment on behalf of the named participant. As required under IRC §403(b), we are requesting data necessary for the Plan to comply with the regulations and preserve the tax-deferred status of the participant's contract. Please complete the attached information and return the form to our office within the next 5 days. Information should be returned to:

PenServ Plan Services, Inc
Fax No. 803-791-5925 or

Email: distributions@penserv.com

Mailing Address:

PenServ Plan Services, Inc.
Distribution Processing
P. O. Box 7248
Columbia, SC 29202-7248

403(b) Account Request

Plan Name	Contract No.
403 Plan	Contract No.
Participant Name	**Participant Identifier**
EEName	SSNo

Data Requested for the Accounts(s) Information

- If no detail can be provided, the appropriate checkbox should be selected and a copy of the latest account statement attached to this form.
- A copy of the contract/custodial agreement must be attached to this form.

PLEASE COMPLETE ALL THAT APPLY FOR THE PARTICIPANT ACCOUNT LISTED ABOVE

SOURCE OF FUNDS BEING TRANSFERRED	INCEPTION TO DATE CONTRIBUTIONS/ ROLLOVER OR TRANSFER	INCEPTION TO DATE CONTRIBUTIONS DISTRIBUTED	LISTING OF AGE-50 CATCH-UP DEFERRALS BY YEAR	LISTING OF 15-YEAR CATCH-UP DEFERRALS BY YEAR	OUTSTANDING LOAN BALANCE	CURRENT BALANCE
ELECTIVE DEFERRALS						
ROTH DEFERRALS						
EMPLOYEE AFTER-TAX CONTRIBUTIONS						
EMPLOYER NON-ELECTIVE CONTRIBUTIONS						
EMPLOYER MATCHING CONTRIBUTIONS						
ROLLOVERS						
TRANSFER						
OTHER SOURCE						

Pre-87 Account Balance (12/31/86 Market Value). If any distributions have been made other than required minimums, this amount had to be reduced first. If the participant has taken a hardship distribution, this amount is reduced first.

Market Value as of 12/31/86	Total Distributions Applied to This Balance	Current Pre-87 Account Balance

Pre-89 Elective Deferrals. Hardship distributions can be applied on this entire balance, including earnings. This amount is used for hardship distributions first; therefore, if any hardship has been paid from the plan where this data is available, it would have been applied to this balance first.

Account Balance as of 12/31/1988	Hardship Distributions Paid from this Balance	Current Pre-89 Account Balance

☐ The requested information is not available for this account.

EEName

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Hardship Information:

☐ This employee received a hardship withdrawal from the 403(b) Plan on ___/___/____. Amount $ _____

(This amount must be included in the above data.)

Amount Available for Hardship $_____

☐ The Amount Available for Hardship cannot be provided

☐ Loans are permitted from this Contract

☐ Hardship Distributions are not permitted under this Contract

Loan Data:

Highest Outstanding Balance in Last 12 Month Period _____

Amount Available for Additional Loan _____

Has the Participant Ever Defaulted on a Loan? _____

If Yes, Amount of Default _____

Date of Loan Default _____

☐ Loans are not permitted under this Contract

☐ The loan information requested was not maintained under this contract.

I hereby certify that the information provided is true and correct and is provided in compliance with Internal Revenue Code and Regulations applicable to Section 403(b) Plans and that the information meets the requirements and restrictions of such Regulations. A copy of the contract/custodial agreement must be attached to this form.

Signature for Vendor	Exact Name of Vendor
Title	Date

403(b) Account Request

PenServ Plan Services, Inc.
Operations Center
103 Trade Zone Drive
West Columbia, SC 29170

We have received your request for:

☐ Hardship distribution;
☐ Loan,
☐ Transfer/Exchange between vendors; or
☐ Other (specify): _____,

As required by the new 403(b) regulations, the request has been forwarded to all Vendors under your Employer's Plan. Each vendor must receive this request whether or not you have previously invested with one or more of the providers. Neither the employer nor PenServ as the Administrator of the Plan may rely on the participant certification that was permitted prior to 2009.

If this is a request for a hardship distribution the following guidelines will apply:

- If loans are also available from your custodial account or annuity contract, you must first request a loan or any other available in-service distributions prior to qualifying for the hardship;
- You may certify to the Administrator that the loan requirement may in and of itself create a hardship and request that the requirement of taking a loan first be waived; and
- Your salary deferrals to this Plan and any other salary deferral plan sponsored by your employer will be suspended for 6 months after the hardship distribution is made.

It has been brought to our attention that some vendors are not adhering to these new rules; however, regulations are explicit that a "reasonable interpretation of the regulations" must be used to determine how much a Participant is able to take as a loan, hardship distribution or whether the participant qualifies for any other distribution. IRS regulations provide that under audit, the Employer or Administrator of the Plan provide evidence that written confirmation of such information was requested, even if a vendor declines to provide any data. Failure to comply with this regulation could jeopardize the tax-deferred status of your account.

If you have any questions, please feel free to contact the PenServ Distribution Department at (803) 791-4923.

Sincerely,

Distributions Group

PenServ Plan Services, Inc.

EEName