

REQUEST FOR IN-SERVICE OR HARDSHIP BENEFIT

Completed forms may be scanned and emailed to benefits@ebspension.com, faxed to (570) 223-6815, or mailed to Employee Benefit Systems, Inc. at PO Box 609 in Kresgeville, PA 18333-0609. IRS Rev. Rul. 2004-10 and DOL Field Bulletin 2003-3 state that a plan may charge a member's account those fees that are specific to that account. Creation of a benefit election/application package will result in chargeable fees. The value of fees will be impacted by the type of payment requested, investments charged, and the payment amount being requested. For this request the fee of EBS will not exceed \$100. Please note that fees of other parties may apply. Lastly, if you are NOT requesting a Hardship Distribution, you only need to provide basic data, define Desired Distribution, and sign below.

Employer's Name: _____

Plan Name: _____

Participant Name: _____

Social Security Number: _____ Date of Birth: _____

Participant's Home Address: _____

(If Address Includes a PO Box, a Street Address Must Also Be Provided).

Home Telephone: _____ Work Telephone: _____

Distribution Desired is \$ _____ or _____ % of Account or _____

Hardship Distribution Questions

(Only Complete This Section If Requesting A Hardship Distribution)

IMPORTANT: If the Desired Distribution is to be paid as a Hardship Distribution, the Distribution Desired must be a dollar value. You must then select between "Standard Hardship Types" **OR** "Facts and Circumstances Hardship". Please note that Facts and Circumstances Hardships are not available under all plans and do require a special "qualification review"; so be sure to define your hardship on the lines provided. All Forms of Hardship require provision of "Proof of Hardship" and "History of Salary Deferrals". If this Form is not properly completed, your request must be rejected.

() **Standard Hardship Types.** This would include (1) medical expenses of myself, my child, my spouse or other legal dependent; (2) the purchase of a residence that shall be my primary residence; (3) payments needed to prevent eviction or foreclosure on my primary residence; (4) funeral/burial expenses of deceased parent, spouse, child or other legal dependent; (5) post-secondary education for the next 12 months for myself, spouse, child or other legal dependant; OR (6) expenses for the repair of damages to my principal residence that would qualify as a casualty deduction.

() **Facts and Circumstances Hardship.** Define Hardship: _____

() **Proof of Hardship.** Please attach documentation which shows both the amount and types of Hardship you are claiming. Examples would include a billing or written quote for services, an eviction notice, documents defining a down payment for a house purchase, or a tuition billing from a school.

() **History of Salary Deferrals.** For a Hardship Distribution you must provide your "History of Salary Deferrals". That is, provide the amount of deferral contributions you contributed as salary deferral to this Plan for each calendar year. This information is on your past tax returns and your last pay stub. List years as YYYY - \$\$\$\$, or 2009 - \$5,000.

Required Signature

Printed entries MUST be legible. Failure to provide email address shall result in higher fees.

Print Name of Person making this request: _____

Email of person making request: _____

Signature of Person making this request: _____