

403(b) Hardship Documentation Guidelines

The Plan and IRS define certain circumstances that can qualify for a hardship distribution from the Plan if you have exhausted other sources of assets. These are the only circumstances under which you may qualify for a hardship under the Plan.

NOTE: No more than two hardship withdrawals will be permitted within a 12-month period and each request must be a minimum amount of \$500.

Eligible Hardship Reasons

Please review the eligible hardship reasons below to ensure that your hardship meets one of the following allowable reasons.

Do not include supporting documentation with your hardship withdrawal request. For your records, you should maintain copies of the documents that substantiate your amount and the reason for withdrawal, as they may be required for an IRS audit. SchoolsFirst Administration and Nationwide will not review and is not responsible for validating any supporting documentation to substantiate your amount or reason for withdrawal.

Post- Secondary Education

Allowable Expenses: Tuition, fees, and room and board for up to the next 12 months of post-secondary education (such as through a university, college, or technical school) for you, your spouse, child, dependent, or primary beneficiary under the plan. **Note:** Loan repayment and postsecondary education expenses for education already obtained or paid for does not qualify.

Documentation you should retain: Tuition bill or financial statement from the institution that details the actual or estimated costs with specific student information, fees, and expenses. If room and board expenses are also requested, a statement from the landlord or residence hall. The dates of the semesters or educational period need to be identified.

Funeral Expenses

Allowable Expenses: Burial or funeral expenses for your parent, spouse, child, dependent, or primary beneficiary under the plan.

Documentation you should retain: Statement from funeral director or cemetery identifying services and costs together with deceased name, date of death, date of funeral or burial.

Health Expenses

Allowable Expenses: Cost of medical or dental expenses for you, your spouse, child, dependent, or primary beneficiary under the plan that is not otherwise covered by insurance. **Note:** Elective procedures, including most orthodontics, are not eligible.

Documentation you should retain: Recent bill from your medical/dental provider identifying the portion of the expenses that are your responsibility. If upfront payment is required to obtain medical care, a statement from the provider with an estimate of the costs to the patient. Documentation should include dates of service and explanation of services provided. Insurance statements are not sufficient.

Purchase of Primary Residence

Allowable Expenses: Costs directly related to the purchase of your principal residence such as a down payment or closing costs. Mortgage payments or second homes are not eligible.

Documentation you should retain: A statement from the mortgage company, realtor, or builder detailing the amounts of the down payment or closing costs. Commonly, this information is included in an "Official Loan Estimate" provided by the lender. An estimated closing date should be provided.

Prevent Eviction or Foreclosure

Allowable Expenses: Amounts needed to prevent eviction from your principal residence or amounts needed to prevent foreclosure on your principal residence.

Documentation you should retain: Current written statement or notice from landlord, bank, or mortgage company on their letterhead detailing amounts due necessary to prevent the eviction or foreclosure. If written statement from landlord is provided, you must include a copy of the lease agreement.

Damage to Primary Residence

Allowable Expenses: Certain expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Internal Revenue Code Section 165.

Documentation you should retain: A copy of receipts for repairs or materials to repair your principal residence, insurance claim form showing the amount not reimbursed through the insurance coverage (do not include expenses for repair or replacement of any other personal property). A casualty event cannot be progressive in nature.

Eligible Hardship Reasons (continued)

Federal Disaster Expenses

Allowable expenses: expenses and losses (including loss of income) incurred by you on account of a disaster, provided that your principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA.

Documentation you should retain: A copy of receipts for repairs or materials to repair your primary residence, insurance claim form showing the amount not reimbursed through the insurance coverage (do not include expenses for repair or replacement of any other personal property) and/or a copy of receipts for employee expenses that were incurred because of the FEMA disaster area. A casualty event cannot be progressive in nature.

457(b) Unforeseeable Emergency Documentation Guidelines

The Plan and IRS define certain circumstances that can qualify for an Unforeseeable Emergency distribution from the Plan, if you have exhausted all other sources of assets. These are the only circumstances under which you may qualify for an Unforeseeable Emergency under the Plan.

NOTE: No more than two unforeseeable emergency withdrawals will be permitted within a 12-month period and each request must be a minimum amount of \$500.

Eligible Unforeseeable Emergency Reasons

Please review the eligible Unforeseeable Emergency reasons below to ensure that your hardship meets one of the following allowable reasons.

Do not include supporting documentation with your unforeseeable emergency request. For your records, you should maintain copies of the documents that substantiate your amount and the reason for withdrawal, as they may be required for an IRS audit. SchoolsFirst Administration and Nationwide will not review and is not responsible for validating any supporting documentation to substantiate your amount or reason for withdrawal.

Illness or Accident

Explanation: Severe financial hardship resulting from sudden and unexpected illness or accident of the participant or beneficiary, the participant or beneficiary's spouse, primary beneficiary, child, or dependent.

Documentation you should retain: A copy of the funeral expenses or medical bills outlining the portion of expenses NOT covered by your insurance or other documentation applicable to the event. Insurance statements are not sufficient.

Property or Casualty Loss

Explanation: Loss of the participant's or primary beneficiary's property due to casualty, natural disaster, or other extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or beneficiary. Casualty is commonly known to include fire, storms, earthquakes, hurricanes, and other natural or weather related disasters. For more information regarding casualties, please visit <http://www.irs.gov/pub/irs-pdf/p547.pdf>

Documentation you should retain: Repair bills showing the amount needed to pay that is not covered by insurance. (Ex: Repair significant water damage.) It may include loss of wages if a natural disaster caused an inability to work.

Funeral Expenses

Explanation: Burial or funeral expenses for your parent, spouse, child, dependent, or primary beneficiary under the plan.

Documentation you should retain: Statement from funeral director or cemetery identifying services and costs together with deceased name, date of death, date of funeral or burial.

Other similar extraordinary and unforeseen circumstances

Explanation: Other unforeseen events beyond the control of the participant or beneficiary. Ex: imminent foreclosure or eviction from primary residence due to loss of job.

Documentation you should retain: A copy of the foreclosure/eviction notice and the lease agreement.

Submission of this form initiates a 403(b) hardship or 457(b) Unforeseeable Emergency distribution from the SchoolsFirst/Nationwide Retirement Builder Plan. Refer to the 403(b) Hardship or 457(b) Unforeseeable Emergency Documentation Guidelines for details on what is needed. **Note:** Please allow **5-7 business days** for processing of this request.

Participant Information (all fields required)

Name: _____

SSN or Nationwide Account Number: _____ Date of Birth: _____

Preferred Phone Number¹: _____ Phone Type: Home Work Cell

Email: _____

School District: _____ Plan Number: _____

Optional - Send me alerts regarding this distribution via: Email SMS Text Message² to Cell number listed above

How would you like to be contacted if additional information is required? Email Phone

¹Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize Nationwide to contact you via telephone using automated technology to assist you with your account.

²By selecting this option you are opting into receiving text messages from Nationwide. Message and data rates may apply.

Reason for Withdrawal and Amount

A. 403(b) Hardship Reason

Select one of the following hardship reasons. Refer to the 403(b) Hardship Documentation Guidelines for details on what documentation should be maintained.

- Post-Secondary Education
- Purchase of Principal Residence
- Prevent Eviction or Foreclosure
- Health Expenses
- Funeral Expenses
- Damage to Principal Residence
- Federal Disaster Expenses

Amount (\$500 minimum) \$ _____ 403(b) Roth 403(b)

B. 457(b) Unforeseeable Emergency Reason

Select one of the following Unforeseeable Emergency reasons. Refer to the 457(b) Unforeseeable Emergency Documentation Guidelines for details on what documentation should be maintained.

- Unexpected illness or accident
- Property loss caused by casualty
- Funeral Expenses
- Other similar extraordinary and unforeseen circumstances resulting from events beyond your control

Amount (\$500 minimum) \$ _____ 457(b) Roth 457(b)

Delivery Method

 Send to my SchoolsFirst FCU Account

Member Number _____

Share ID _____

BOX TO BE COMPLETED BY THE TPA

Member Name: _____

ABA (routing) Number: _____

Account Number: _____

TPA Authorization: _____

Date: _____

 Direct Deposit ACH on File: Funds will be sent to the account that Nationwide has on file.

 New Direct Deposit ACH: Funds will be sent to the account that you indicate below.

Direct Deposit ACH Financial Institution Information:

Financial Institution Name _____ Account Type: Checking Savings
If account type is not selected, checking will be used.

Routing Number _____

Account Number _____

NOTE: Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip or starter check for banking numbers.

Is this account associated with a brokerage firm or other investment firm? Yes No

If yes, have you confirmed that the routing and account numbers are correct? Yes No

I hereby authorize Nationwide to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Nationwide to make a corrective reversal from this account. Further, I agree not to hold Nationwide responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Nationwide receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Nationwide. **In the event this direct deposit authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.**

 Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default payment method if no option is selected)

 Send check overnight at my expense to my address of record. I understand there is an additional fee (\$25) that will be deducted from my account. Saturday delivery may not be available in your area. Allow 2 to 4 business days from process date for delivery.

NOTE: PO Box addresses are not eligible for overnight delivery. If you select "send check overnight" and your address of record is a PO Box, your check will be sent via first class mail and you will not be charged the fee for overnight shipping.

Tax Withholding

Federal Income Tax Withholding:

Federal income taxes are withheld at the current default rate of 10% unless you elect otherwise. If you wish a different withholding percentage, please select one of the options listed below.

I elect to **opt-out of Federal Income Tax** withholding; 0% withholding

I wish to have a **different percentage of Federal Income Tax withheld.** At time of submission a W-4R Federal Tax Withholding Form is **required.** The current Form W-4R can be found on the IRS website at www.irs.gov/forms-pubs-search.

State income tax withholding: All California residents are subject to California State income tax withholding at a rate of 10% of federal withholding unless you elect a designated amount below. Please submit a completed California State Withholding Certificate for Pension or Annuity Payments (DE 4P) if you would like to elect no withholding, an additional amount to withhold, or if you would like to have your withholding figured using the number of allowances and marital status specified.

Total State Withholding (California only) \$ _____ (dollar amounts only)

For all other states, taxes will be automatically withheld if you are a resident in a state that mandates state income tax withholding unless requested otherwise by completing a state tax withholding form. These forms can be obtained from the State website.

Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan distributions. FATCA does not apply as this is a U.S. account. Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

(FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Hardship/Unforeseeable Emergency Self-Certification

By signing and submitting this form, I hereby certify that my hardship/unforeseeable emergency withdrawal request meets all of the following requirements:

1. My hardship/unforeseeable emergency withdrawal request is deemed to be an immediate and heavy financial need.
2. My hardship/unforeseeable emergency withdrawal request is not in excess of the amount required to satisfy such financial need.
3. I have no alternative means reasonably available to satisfy such financial need.

Signatures

I certify that I am the proper party to request this hardship/Unforeseeable Emergency withdrawal. I acknowledge that I do not have other assets to meet my financial need and all information provided is true and accurate. The amount available for withdrawal cannot exceed the amount needed to satisfy the financial need and the total verifiable deferrals contributed to the account. Additionally, I understand this transaction is a reportable event for the year the distribution occurred. Additionally, a 10% penalty may apply if I am under age 59½. Please consult a tax advisor for additional questions. By signing below, I am aware of the information mentioned above and authorize SchoolsFirst to process this request.

Participant:

Name: _____

Signature: _____ Date: _____

TPA Authorization:

Administrator Special Instructions: _____

Name: _____

Signature: _____ Date: _____

Form Return

Fax: 714-258-4051

Email: retirementadvisors@schoolsfirstfcu.org

Mail: SchoolsFirst

P.O. Box 11547

Attn: Retirement Planning, RH3

Santa Ana, CA 92711