

PCA Retirement & Benefits

Pre-Retirement Hardship Distribution Form

CHECKLIST FOR DETERMINING 403(b) HARDSHIP DISTRIBUTIONS

THE FOLLOWING ARE IRS REGULATIONS:

- All hardship distributions are reported on Form 1099R to the IRS
- You must retain documentation to support your claim of a financial hardship. You must also provide copies of your documentation to PCA Retirement & Benefits as well (please see below for examples).
- A Participant who has not terminated service with the Employer and who is not yet entitled to receive benefits under this plan may take a hardship withdrawal first of all or a portion of his Salary Reduction Contributions and Roth Contributions (excluding any earnings on such accounts), and then, from his Employer Basic Contributions and Employer Matching Contributions.

Checklist:

Please complete the following questions to determine if you qualify for a hardship distribution. If you answer no to any of the following questions, you are not eligible for a hardship distribution.

Circle Appropriate

1. Is the expense you have encountered an “immediate and heavy” financial need? Yes No

Examples:

- Uninsured medical expenses
- Purchase of a primary residence
- College expenses:
- To prevent eviction or foreclosure on a participant’s primary residence
- Payments for burial or funeral expenses for the participant’s deceased parent, spouse, children, or dependents
- Expenses for repair of damage to the participant’s principal residence that would qualify for casualty deduction
- PCA Teaching Elder who has been “without call” for at least sixty (60) days

***Distributions During Employment for PCA Teaching Elders.** A participant who is a PCA Teaching Elder who has been “without call” for a minimum of sixty (60) days may elect to receive benefits under the Plan to pay for basic living expenses. An election to receive distributions under this Section 8.04 must be filed in accordance with procedures established by the Plan Administrator with the required written spousal consent prior to receiving a distribution from any portion of his Account balance; provided however, that the Plan Administrator may in its discretion waive this spousal consent requirement.

2. Do you have documentation to support the expense? The amount of the distribution should be limited to the amount necessary to satisfy the financial hardship. Yes No

Examples:

- Uninsured medical expenses - copies of bills and insurance claim statements.
- Purchase of a primary residence - copy of purchase agreement.
- College fees - copy of invoice.
- To prevent eviction or foreclosure on your primary residence – copy of eviction notice.
- PCA Teaching Elders taking distribution for basic living expenses
 - a) Letter from Stated Clerk confirming “without call” status
 - b) Estimated budget of required need

3. Have you obtained all available distributions (other than hardship distributions) and non-taxable loans under all plans maintained by your employer? Yes No

DISTRIBUTION DATES -Please read carefully

- Completed requests will be processed and a check will be sent generally within 10 business days of receipt.
- Until your request is processed your account will be subject to the investment performance of your chosen investments. If you are concerned about market fluctuations, please make the appropriate changes to your investments.

PARTICIPANT INFORMATION -Required

NAME: _____ DATE OF BIRTH: _____ SOC. SEC. # _____
(First) (MI) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

DAYTIME PHONE # (_____) _____ - _____

HARDSHIP CATEGORIES – Please indicate the category of your financial need

Hardship Withdrawals can be made only under certain conditions. A Participant who has not terminated service with the Employer and who is not yet entitled to receive benefits under this plan may take a hardship withdrawal first of all or a portion of his Salary Reduction Contributions and Roth Contributions (excluding any earnings on such accounts), and then, from his Employer Basic Contributions and Employer Matching Contributions. Hardship withdrawals can be requested only to satisfy an immediate and heavy financial need related to the following categories. Please indicate which of the following categories your request falls under:

- Medical Expense incurred by the participant, the participant’s spouse, or any other dependent of the participant.
- Purchase of a principle residence for the participant.
- Payment of tuition for the next semester or quarter of post-secondary education for the participant, participant’s spouse, or dependent of the participant.
- The need to prevent the eviction of the participant from his or her principle residence or for foreclosure on the mortgage of the participant’s principle residence.
- Payments for burial or funeral expenses for the participant’s deceased parent, spouse, children or dependents.
- Expenses for the repair of damage to the participant’s principal residence that would qualify for a casualty deduction.
- Payment of basic living expenses for a PCA Teaching Elder who has been “without call” for a minimum of sixty (60) days.

HARDSHIP REQUIREMENTS

The regulations further indicate that a distribution will be deemed to be necessary to satisfy an immediate and heavy financial need of a participant if all of the following requirements are satisfied:

- The distribution is not in excess of the immediate and heavy financial need of the participant;
- The participant has obtained all distributions (other than hardship distributions) and all non-taxable loans available under the plan and all other plans maintained by his or her employer;

WITHDRAWAL AMOUNT AND TAX WITHHOLDING-Required

Please select one of the following two tax withholding options:

- Withhold taxes at the following rate _____%
(If no election is made, taxes will be withheld at the standard 20%.)

- Do not withhold taxes. (You will be responsible for paying taxes later, if necessary.)
If under age 59 ½ there will be a 10% early withdrawal penalty.

Please select one of the following options:

- Total Account Withdrawal
- Partial Withdrawal Amount \$ _____

IMPORTANT PLAN DOCUMENT STIPULATIONS

Pursuant to the Loan Policies and Procedures, if a terminated lay employee or an ordained minister is no longer a member of a PCA presbytery, who has an outstanding loan, requests a Pre-Retirement Distribution of their 403(b) account balance, the outstanding loan may be canceled and a taxable distribution of the principal balance plus accrued interest will be reflected concurrent with the granting of the Pre-Retirement Distribution.

If you have any questions about these plan stipulations, please contact RBI.

SIGNATURES TO AUTHORIZE DISTRIBUTION -Required

Please read the following statement and sign below. If you are legally married, **your spouse must sign** the spousal consent statement in this section.

I have read and understand the information regarding potential tax consequences related to this distribution. I understand the administrative constraints related to this request and acknowledge that the Presbyterian Church in America will retain no further liability to me or my beneficiaries upon completion of this distribution. All decisions regarding this payout are my own.

CERTIFICATION (REQUIRED)

Participant must check one of the following:

- I hereby certify that I am currently married.
--Spouse must complete Spousal Consent Section on following page.
- I hereby certify that I am married but cannot locate my spouse.
--Do not complete Spousal Consent Section on following page.
- I hereby certify that I am not married and that there are no plan benefits payable to a former spouse under the Qualified Domestic Relations Order.
--Do not complete Spousal Consent Section on following page.

SPOUSAL CONSENT (If Married)

As spouse of the above-named employee, I have read this consent form and the distribution form to which it relates. I understand that my consent is required for my spouse to receive the distribution as stated on this form. The Plan will not make this distribution unless I sign this consent form.

If this consent form is signed that by making this distribution to my spouse, the amount available to provide benefits to me on my spouse's death may be reduced. I understand that my consent may not be revoked or withdrawn once given. With this knowledge, I hereby consent to this distribution as requested by my spouse.

SPOUSE'S SIGNATURE

DATE SIGNED

EMPLOYEE'S SIGNATURE (Required)

I have read and properly completed the above information and fully understand the elections I have made.

PARTICIPANT'S SIGNATURE

DATE SIGNED

NOTARIZED: (Required)

EXPIRES:

Sworn to and witnessed by me, this _____ day of _____ (month), _____ (year)

NOTARY PUBLIC

DATE SIGNED

For requests of \$100,000 and greater: Medallion Signature Guarantee for participant and for spouse if married. Please have each signature separately guaranteed by a bank, savings and loan association, trust company, credit union, broker-dealer, or another 'eligible guarantor institution' as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP). **A notary public cannot provide a signature guarantee.**

Return Form and Documentation to:

PCA Retirement & Benefits
1700 N. Brown Road, Ste 106
Lawrenceville, GA 30043