

401(k) Hardship Withdrawal Request



ING
Attn: Colorado PERA 401(k) Plan
PO Box 23219
Jacksonville, FL 32241-3219
Fax: 1-888-310-6019
www.copera.org

You may take a hardship withdrawal of your 401(k) Plan contributions if you prove an immediate and heavy financial need for one of the following reasons:

- Certain medical expenses for you, your spouse, or any eligible dependents.
- Costs directly related to the purchase of your principal residence such as down payments, real estate fees, or finance charges (does not include mortgage payments).
- Tuition for the next 12 months of post-secondary education for you, your spouse, or any eligible dependents.
- Prevention of the execution of an existing eviction or foreclosure on your principal residence.
- Burial or funeral expenses for your deceased parent, spouse, child(ren), or any eligible dependents.
- Expenses for repair of damage to your principal residence that would qualify as deductible casualty expenses.

Several restrictions apply to a hardship withdrawal:

- The amount you withdraw cannot be more than the proven need directly related to the above six reasons (you may include the amount needed for federal and state income taxes and penalties as a result of the withdrawal).
- The amount that can be withdrawn is limited. Only the value of your account as of December 31, 1988, plus your tax-deferred contributions since then are eligible for hardship withdrawal. The earnings since 1988 are not eligible for a hardship withdrawal.
- A withdrawal can only be made after all other reasonably available resources have been exhausted. (These resources include, for example, savings and checking accounts, loans and distributions from any plan in which you participate or previously participated including your 401(k) Plan account.)
- If you receive a hardship withdrawal, you must suspend contributions to the 401(k) Plan and all other tax-deferred plans maintained by your employer for at least six months. You will not receive any employer match (if applicable) during this time. Your employer will be notified that you have taken a hardship withdrawal and to suspend your contributions.
- A hardship withdrawal may be taken only as a direct payment to you. It may not be rolled over to an Individual Retirement Account (IRA) or another retirement plan.
- Only one hardship withdrawal may be taken in a six-month period.

You are not eligible for a hardship withdrawal if:

- Your account balance is greater than \$1,132 and you are eligible for a loan.
- You are age 59½ or older. You are eligible for an in-service withdrawal.
- You made a tax-deferred rollover to your 401(k) account. You may withdraw a rollover.
- You have an "after-tax" savings account with PERA's 401(k) Plan (a special account to which you contributed after-tax dollars before 1987). You may withdraw all or part of the after-tax contributions you made as well as any earnings.
- You have terminated employment (includes retirement). You are eligible for a withdrawal of your 401(k) account.

If you are eligible for one of the above types of withdrawals, contact the 401(k) Plan by calling 1-800-759-7372 and selecting the 401(k) option. You may also access the PERA 401(k) Web site through PERA's Web site at www.copera.org by clicking on Account Access (have your Social Security number and PIN available).

Federal law does not require mandatory federal income tax to be withheld on a hardship withdrawal. Unless you elect otherwise, 10 percent will be withheld. Your withdrawal is subject to normal income tax provisions and a 10 percent Internal Revenue Service (IRS) early withdrawal penalty, unless the withdrawal is used for certain medical expenses. Because you may owe federal and state income taxes, you may request that your hardship withdrawal be increased ("grossed up") to include all of the income taxes and penalties that you reasonably anticipate you will have to pay. There may be additional IRS penalties if you do not have enough taxes withheld.

The hardship withdrawal will be processed for the amount available based on the documentation you provide. If your request for a hardship withdrawal is approved, a check will be mailed to you as soon as possible after the date of the approval.

After you have read all of the preceding information, complete the *401(k) Plan Hardship Withdrawal Request* form, detach it, and mail it to the 401(k) Plan with photocopies of the documentation described on the back of the form. Applications received without the requested supporting documentation will not be considered for approval.

Applications should be mailed to the following address:

ING
Attn: Colorado PERA 401(k) Plan
PO Box 23219
Jacksonville, FL 32241-3219

There is an overnight delivery option for your hardship withdrawal. If you choose to have your withdrawal mailed using this option, you will be assessed at \$20 non-refundable fee, which will be deducted from your 401(k) account. Your overnight delivery hardship withdrawal cannot be sent to a PO box.

This form provides information about PERA's 401(k) Plan. Your rights, benefits, and obligations as a PERA member are governed by Title 24, Article 51 of the Colorado Revised Statutes, the Rules of the Colorado Public Employees' Retirement Association, and PERA's 401(k) and Defined Contribution Plan and Trust Document, which take precedence over any interpretations in this form.

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Complete this form, detach and mail it to the 401(k) Plan along with the documentation requested (as described on the back of this form). You may be asked for additional information, if needed, to approve your request.

Member SSN

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Name _____ Telephone () _____
Last First M.I.

Address _____
Street City State ZIP Code

Hardship and Withholding Information

I hereby apply for a hardship withdrawal from the PERA 401(k) Plan in the amount of \$ _____.

My financial hardship is due to the following circumstance (check which one applies):

- Non-reimbursed medical expenses.
- Purchase of my primary residence (amount shall not be used for a mortgage payment).
- Post-secondary education tuition.
- Payment necessary to prevent eviction or foreclosure.
- Burial or funeral expenses.
- Expenses for repair of damage to your principal residence.

Please indicate your federal withholding option: 10% Other (indicate dollar amount): \$ _____

Please indicate your state withholding option: 10% Other (indicate dollar amount): \$ _____ for _____
Name of state

I understand that the gross amount of the hardship withdrawal will be calculated such that, after withholding taxes, the net amount will be as close to the amount approved as necessary to meet my financial hardship.

Mailing Options

Choose how you would like to receive your hardship withdrawal check:

- First-class mail
- Overnight delivery (\$20 fee will be deducted from your 401(k) account)

Authorization

By signing this request in the Authorization section below, I hereby acknowledge the following:

I have exhausted all other sources available to pay the financial hardship described above and the amount I requested is only the amount that I reasonably require to satisfy my hardship need. My financial hardship cannot be relieved:

- Through reimbursement or compensation by insurance or otherwise;
- By a loan from a 401(k) plan (if available);
- By liquidation of my assets, to the extent such liquidation would not itself cause severe financial hardship; or
- By cessation of deferrals into the Plan.

I have attached documentation supporting this request for a hardship withdrawal. I understand that these funds are taxable to me in the year that I receive them. Hardship withdrawals are not an eligible rollover distribution.

I attest the information provided on this form is true. I understand that I may be subject to civil and criminal liability for any false statement on this form or any papers attached or related to this form. In addition I will be precluded from making salary deferral contributions for the six-month period following my hardship distribution and I will not receive any employer match (if applicable).

Signature of Participant _____ Date _____

Please return your completed form with appropriate documentation to the address at the top of this form.

Documentation

Attach copies of any documents that will substantiate both the nature and the amount of the immediate heavy financial need. These copies will not be returned; therefore you should not send originals.

Reason	Required Documentation (including information that must be reflected on documentation)	Unacceptable Reasons/ Documentation
Unreimbursed medical expenses for medical care previously incurred or anticipated by you, your spouse, your children, or your eligible dependents	<input type="checkbox"/> Explanation of Benefits (EOB) <i>Must:</i> <input type="checkbox"/> Be dated within the past two years, and <input type="checkbox"/> Reflect the amount paid by the insurance company, and <input type="checkbox"/> Reflect the amount owed <input type="checkbox"/> Corresponding bill from the provider <i>Must:</i> <input type="checkbox"/> Be dated within the past 90 days, and <input type="checkbox"/> Indicate the amount still due	<ul style="list-style-type: none"> • Medical bills that do not show portion paid by insurance • Collection agency notices
Tuition, related educational fees, and room and board for the next 12 months of post-secondary education for you, your spouse, or your eligible dependents	<input type="checkbox"/> Itemized tuition bill and/or room and board statement provided by the school <i>Must:</i> <input type="checkbox"/> Be dated within the four months of the beginning of the quarter or semester, and <input type="checkbox"/> Contain the student's name <input type="checkbox"/> Be due in the next 12 months	<ul style="list-style-type: none"> • Estimate for tuition with no student name (general estimate from school) • Student loans • Financial aid award letters • Bills already paid
Purchase of your principal residence or costs directly related to your purchase	<input type="checkbox"/> If borrowing, good faith estimate from lender, and <input type="checkbox"/> Signed purchase contract, or <input type="checkbox"/> Intent-to-purchase agreement, or <input type="checkbox"/> If building, copy of builder's permit <i>Must:</i> <input type="checkbox"/> Be dated within the last 30 days, and <input type="checkbox"/> Reflect the address of the residence being purchased, and <input type="checkbox"/> Reflect the purchase price, and <input type="checkbox"/> Reflect the amount of the down payment, and <input type="checkbox"/> Reflect a closing date no more than six months in the future, and <input type="checkbox"/> Reflect signatures of both buyer and seller	<ul style="list-style-type: none"> • Rental/lease agreement for purchase of primary residence • Mortgage applications • Truth-in-lending disclosures • Bills already paid
Repair of principal residence that would qualify as a casualty deduction, such as a fire or storm	<input type="checkbox"/> A letter explaining what caused the casualty <input type="checkbox"/> A statement from your insurance company stating the loss is not covered <input type="checkbox"/> Billing statement or cost estimate <i>Must:</i> <input type="checkbox"/> Be dated within the last four months, and <input type="checkbox"/> Reflect the amount necessary to repair principal residence	<ul style="list-style-type: none"> • General estimate for repair (no property address, not dated, or no amount owed) • Routine maintenance, remodeling, additions, non-attached buildings and garages do not meet requirements • Bills already paid
Prevention of mortgage foreclosure or eviction from your principal residence	<input type="checkbox"/> Tax lien, or <input type="checkbox"/> Bank/mortgage statement, or <input type="checkbox"/> Letter from bank/mortgage company, or <input type="checkbox"/> Letter from landlord, or <input type="checkbox"/> Copy of court document substantiating the eviction or foreclosure legal proceedings <i>Must:</i> <input type="checkbox"/> Be dated within last four months, and <input type="checkbox"/> Reflect the amount necessary to prevent eviction/foreclosure, and <input type="checkbox"/> Contain eviction/foreclosure date; this date must be in the future	<ul style="list-style-type: none"> • IRS tax liens that do not specify address of property to be foreclosed • Late payment statements that do not threaten eviction or foreclosure • Lease agreements • Bills already paid
Funeral or burial expenses your deceased parent, spouse, child(ren), or any eligible dependents	<input type="checkbox"/> Statement of relationship with the deceased <input type="checkbox"/> Funeral/burial billing statement <i>Must:</i> <input type="checkbox"/> Reflect the name of the deceased, and <input type="checkbox"/> Reflect date of services provided within the past 90 days, and <input type="checkbox"/> Reflect your name as the individual billed, and <input type="checkbox"/> Include itemized funeral/burial expenses <input type="checkbox"/> Include a copy of the death certificate	<ul style="list-style-type: none"> • Pre-purchase of lot or headstone is not eligible • Bills already paid