



The Standard[®]

Standard Retirement Services, Inc.
1100 SW Sixth Avenue P9A Portland OR 97204-1020
Phone: 800.858.5420 Fax: 888.418.6806

Hardship Request Form (NL)

Use this form if you want to take a hardship distribution from your retirement account. Be sure to read all the way through so you don't miss any important sections. Keep in mind that your request can be delayed if the form isn't clear or complete.

Ways You Can Submit Your Form

- **Online, for faster processing:** You can request your distribution online if your plan allows it. Visit standard.com/login to log in to your account on Personal Savings Center to make a request. Once you log in, you'll see the option under My Account, Request a Distribution from the menu.
- **Email:** Email benefitrequests@standard.com. Include this form and any other related documents as a single attachment to your email. This email is for receiving forms and is not monitored for questions.
- **Mail:** Send your form and any other related documents to 1100 SW Sixth Avenue P9A, Portland, OR 97204-1020.
- **Fax:** Send this form and any other related documents as a single fax to 888.418.6806.

If you have questions about your request, call 800.858.5420 or email savings@standard.com.

1. Retirement Plan Information

COMPLETE THE FOLLOWING (REQUIRED)

Plan Name _____

Plan Number: ____ _

You can find your plan name and number on your quarterly account statement or on Personal Savings Center at standard.com/login. Once you log in, choose My Plan, About Me and My Plan from the menu to see this information. Your plan administrator should also have this information available.

2. Participant Verification

The following participant information below, is required:

Participant first name _____ Middle initial _____ Last name _____

Address of record _____

City _____ State _____ ZIP _____

SSN _____ - _____ - _____ **Note:** This is the SSN that is on file with your employer and is used to submit taxes.

Date of birth ____ / ____ / ____

3. Hardship Reason

To Qualify for a Hardship Withdrawal

You will need to meet the conditions below to qualify for a hardship withdrawal:

- Be actively employed
- Used all other financial resources, including a distribution from your account if, your plan allows
- Your request fits one of the options below and you can certify that you have the needed documents (more details on the documents follow).

If you meet the requirements, select ONLY ONE from following below:

- Unpaid medical expenses
- Purchase of primary residence
- Payment of post-secondary education expenses
- Prevention of eviction or foreclosure
- Burial or funeral expenses for immediate family members
- Casualty loss due to catastrophic event

A. Unpaid Medical Expenses

PLEASE COMPLETE THE FOLLOWING

Medical Care Recipient:

- Employee / Self
- Employee Spouse
- Child
- Primary beneficiary
- Qualifying dependent*

* A qualifying dependent has a relationship to the retirement plan account holder, must have the same primary residence as the account holder and meet certain age requirements or get over one-half of their support for the calendar year from the account holder.

First name _____ Middle initial _____ Last name _____

1) Medical Provider Information

Medical Provider Name _____

Medical Provider Address:

Address of record _____

City _____ State _____ ZIP _____

Expense Amount _____

Date of Medical Service shown on Bill _____ (mm/dd/yyyy)

Plan Number: _____ Participant Name: _____

2) Medical Provider Information

Medical Provider Name _____

Medical Provider Address:

Address of record _____

City _____ State _____ ZIP _____

Expense Amount _____

Date of Medical Service shown on Bill _____ (mm/dd/yyyy)

3) Medical Provider Information

Medical Provider Name _____

Medical Provider Address:

Address of record _____

City _____ State _____ ZIP _____

Expense Amount _____

Date of Medical Service shown on Bill _____ (mm/dd/yyyy)

Total Expense \$ _____

The total withdrawal amount cannot exceed the maximum amount available in your account.

B. Purchase of primary residence

PLEASE COMPLETE THE FOLLOWING

Date of purchase and sales agreement _____ (mm/dd/yyyy)

Seller Name _____

Seller Address:

Address _____

City _____ State _____ ZIP _____

Property Address:

Address _____

City _____ State _____ ZIP _____

Total amount of the expenses directly related to the purchase of a primary residence

\$ _____

The total withdrawal amount cannot exceed the maximum amount available in your account.

Plan Number: _____ Participant Name: _____

C. Payment of Post-Secondary Education Expenses

PLEASE COMPLETE THE FOLLOWING

First day of the term for which money is requested _____ (mm/dd/yyyy)

Student Information:

- Employee / Self
- Employee Spouse
- Child
- Primary beneficiary
- Qualifying dependent*

* A qualifying dependent has a relationship to the retirement plan account holder, must have the same primary residence as the account holder and meet certain age requirements or get over one-half of their support for the calendar year from the account holder.

First name _____ Middle initial _____ Last name _____

Name and Address of Educational Institution

Address _____

City _____ State _____ ZIP _____

Total Expense \$ _____
The total withdrawal amount cannot exceed the maximum amount available in your account.

D. Prevention of eviction or foreclosure

PLEASE COMPLETE THE FOLLOWING

Eviction or foreclosure notice date _____ (mm/dd/yyyy)

Landlord or Mortgage Company Address:

Address _____

City _____ State _____ ZIP _____

Property Address:

Address _____

City _____ State _____ ZIP _____

Total amount of delinquent payments

\$ _____
The total withdrawal amount cannot exceed the maximum amount available in your account.

Plan Number: _____ Participant Name: _____

E. Burial or funeral expenses for immediate family members

PLEASE COMPLETE THE FOLLOWING

Deceased Person's Information:

- Employee Spouse
- Child
- Parent
- Primary beneficiary
- Qualifying dependent*

* A qualifying dependent has a relationship to the retirement plan account holder, must have the same primary residence as the account holder and meet certain age requirements or get over one-half of their support for the calendar year from the account holder.

First name _____ Middle initial _____ Last name _____

1. Name and Address of Funeral Home/Cemetery

Funeral Home/Cemetery Name _____

Address _____

City _____ State _____ ZIP _____

Expense Amount _____

2. Name and Address of Funeral Home/Cemetery

Funeral Home/Cemetery Name _____

Address _____

City _____ State _____ ZIP _____

Total Expense Amount \$ _____

The total withdrawal amount cannot exceed the maximum amount available in your account.

F. Casualty loss due to catastrophic event

PLEASE COMPLETE THE FOLLOWING

Date of Damage _____ (mm/dd/yyyy)

Cause of Damage (Select One)

- FEMA
- Catastrophic event

Damaged Property Address:

Address _____

City _____ State _____ ZIP _____

Plan Number: _____ Participant Name: _____

1. Name and Address of Repair Contractor

Repair Contractor Name _____

Address _____

City _____ State _____ ZIP _____

Expense Amount \$ _____

2. Name and Address of Repair Contractor

Repair Contractor Name _____

Address _____

City _____ State _____ ZIP _____

Expense Amount \$ _____

3. Name and Address of Repair Contractor

Repair Contractor Name _____

Address _____

City _____ State _____ ZIP _____

Expense Amount \$ _____

Total Expense \$ _____

The total withdrawal amount cannot exceed the maximum amount available in your account.

4. Tax Instruction

A. Federal Taxes

A default federal tax of 10% may be withheld at the time of distribution. If you do not make an election below, this default rate will apply.

- Do **not** withhold federal taxes
- Withhold federal taxes at the rate of _____% (must be at least 10% and a whole number)
- Gross up amount to cover tax withholding (increase the amount distributed to cover the tax withholding)

For Non-Resident Aliens, an additional taxation may apply.
Please submit an IRS Form W-8BEN.

B. State Taxes

Required state income tax may be withheld from your distribution. In some cases, you may elect not to have the withholding apply or you may elect to increase the rate of withholding. In other cases, state income tax withholding is not required. If you do not make an election below, a tax rate will be applied based on the state in which you live. This is determined by using the address we have for you on file.

- Do **not** withhold state (not available for mandatory withholding states)
- Withhold state taxes _____% (must be at least your state's minimum)
- Gross up amount to cover tax withholding (increase the amount distributed to cover the tax withholding)

5. Delivery Instructions

If your name or address has changed within the last 14 days, there will be a delay in processing. Delivery method does not affect processing time. Incomplete requests will delay processing.

A. Regular Mail

- My address is outside the U.S. or its territories. I have included my IRS Form W-9 or W-8 Ben with this request. **Note:** If not attached, this request will be canceled and you will need to resubmit with the correct forms.

B. Overnight

- Use next business day delivery to send my distribution check. An additional fee will be deducted from my account. Next business day delivery is not available for PO boxes.

6. Required Signatures

A. Participant Acceptance

I have provided the plan administrator or The Standard with information showing the incurred costs. I certify that I have insufficient cash or other liquid assets to satisfy the financial need and that I have already taken all other distributions available to me from the retirement plans offered by my employer.

Further, to the extent required by my plan, I certify the financial need cannot be relieved through:

- Insurance payments
- Borrowing from commercial sources on reasonable commercial terms
- Stopping my elective contributions or voluntary contributions
- Nontaxable loans from this or any other plan maintained by my employer

If this request relates to the hardship of a beneficiary other than a spouse or dependent, I certify that the beneficiary is my named primary beneficiary under the plan.

Certification: I acknowledge receipt and understand the terms and conditions relating to the payment and tax implication of my taxable benefits from the plan as explained in the Special Tax Notice Regarding Plan Payments, I also understand that any securities holdings that I have in my account will be sold once I submit this form, and I agree to this liquidation in order to process my distribution. I understand the trustee of the plan will rely this information in making the distribution that I have requested.

X

Participant signature or beneficiary

X

Date

Plan Number: _____ Participant Name: _____

B. Authorized Signature

TO BE COMPLETED BY THE **PLAN ADMINISTRATOR OR THIRD PARTY ADMINISTRATOR ONLY**

The Standard is authorized to make a distribution to the participant or beneficiary named above. The distribution will be paid according to the terms of the plan. If The Standard is designated as the Manager of the Approval Process, **do not** sign this form unless you are taking responsibility for the oversight and/or authorization of this transaction.

INITIAL NEXT TO THE FOLLOWING STATEMENT, SIGN AND DATE

_____ I represent that I am an authorized signer on behalf of the above-named plan and have authority to instruct the service provider to process this form. By signing this authorization request, I will be responsible for the oversight and authorization of this transaction.

Plan administrator's name (printed)

X _____ **X** _____

Plan administrator signature Date

Required Documentation for Hardship Withdrawals

The following guidelines explain the required documentation for hardship withdrawals. Please review the provisions within your Summary Plan Description carefully for the conditions in which you may take a hardship withdrawal. Note: If your dependent has a last name that differs from yours, please submit proof of relationship.

Hardship Reason	Documentation to Submit	Additional Information
Medical Expenses	<p>Medical expenses should be documented by retaining copies of medical bills or explanation of benefits statements from your insurance carrier.</p> <p>These must be dated within the last 90 days of your request. The document(s) should provide a breakdown of the amount paid by your insurance and the amount for which you are responsible.</p>	<p>Expenses eligible for insurance reimbursement that have been previously reimbursed do not qualify.</p> <p>Expenses for cosmetic surgery are not eligible unless the surgery is necessary to correct an abnormality, personal injury from an accident or a disfiguring disease.</p>
Purchase of Primary Residence	<p>Costs directly related to the purchase of a primary residence, excluding mortgage payments, should be documented by retaining a copy of the purchase and sales agreement, amount due and the buyer and seller's signatures.</p> <p>If the residence will be new construction, please retain a construction agreement with anticipated completion date and signatures of the builder/seller and buyer.</p>	<p>Costs related to the purchase of a secondary residence, such as a vacation home, are not eligible.</p>
Prevention of Eviction or Foreclosure	<p>To prevent eviction from a primary residence, documentation should include a notice from the landlord containing:</p> <ul style="list-style-type: none"> • Landlord's name, address and phone number • Your name and address • Monthly payment amount • Number of months past due • Date payment must be made <p>The notice should clearly indicate that eviction will occur if payment is not made, and it must be dated within the last 90 days of your request.</p> <p>To prevent foreclosure of a primary residence, documentation should include a letter from the financial institution indicating that foreclosure will occur if payment is not made. The document must be dated within the last 90 days. Clearly indicate:</p> <ul style="list-style-type: none"> • Your name • Your address • Monthly payment amount • Number of months past due • Date payment must be made <p>The notice should clearly indicate that eviction will occur if payment is not made, and it must be dated within the last 90 days of your request.</p>	<p>Costs related to prevent eviction or foreclosure of a secondary residence, future mortgage or rent payments on primary or secondary residences are not eligible.</p>

Hardship Reason	Documentation to Submit	Additional Information
Post-Secondary Education Expense	<p>Documentation for tuition and/or related education fees should be retained and can include: room, board and books related to post-secondary education for you, your spouse, children or dependents.</p> <p>Please be sure the following documentation includes:</p> <ul style="list-style-type: none"> • A copy of acceptance or enrollment verification • A copy of the tuition statement and related covered expenses <p>Please ensure that the names of the institution and student are clearly evident.</p>	<p>Expenses for non-post-secondary education, such as elementary or high school, are not eligible.</p> <p>Please note: Post-secondary education includes attendance at a qualified school that offers specialized programs required for your employment.</p>
Burial / Funeral Expenses	<p>Keep documentation for burial or funeral expenses of deceased parents, spouse, children or dependent. Please also include a copy of the bill, invoice or fee estimate from the cemetery or funeral home.</p>	
Casualty Loss / FEMA declared disaster	<p>For the repair of damage to your primary residence as a result of a casualty loss or FEMA declared disaster, please retain documentation including:</p> <ul style="list-style-type: none"> • A bill, invoice or estimate for repairs from a contractor • Statement from insurer indicating that loss is not covered under homeowner policy 	<p>Damages or loss caused by the home owner(s) is not eligible.</p>