

The IRS allows withdrawals while employed if you have an immediate and heavy financial need. The amount you withdraw must be necessary to satisfy the need. Hardship withdrawals may only be taken from your account balance as of 12/31/1988 and your voluntary contributions (not earnings) thereafter. Employer contributions and earnings are not available for withdrawal. To request a distribution, complete and submit this form to RIC at the address or fax number below. In addition, submit any required provider forms for distribution. Hardship distributions are subject to taxation and a possible 10% early withdrawal penalty. You should consult a tax professional for more information on taxation of this distribution.

Personal Information	Name _____ Social Security # _____ <small>Last First MI</small>
	Address _____ City _____ State _____ Zip _____
	Birth Date _____ Telephone (daytime) _____ Best time to call _____
	Current Employer _____ Employer when acct opened _____

Account Information	Provider Name _____ Account # _____
	Address _____ City _____ State _____ Zip _____
	Telephone _____ Fax _____ Acct balance on 12/31/1988 \$ _____

Description of Debt (select reason for distribution and submit required documentation as shown on reverse side)			Amount
<input type="checkbox"/> Non-reimbursed medical expense	Relationship: <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> dependent <input type="checkbox"/> beneficiary	<input type="checkbox"/> Documents attached	
<input type="checkbox"/> Funeral expenses for family member	Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> dependent	<input type="checkbox"/> Documents attached	+
<input type="checkbox"/> Threat of foreclosure or eviction	Number of months behind _____	<input type="checkbox"/> Documents attached	+
<input type="checkbox"/> Property damage	Describe: _____	<input type="checkbox"/> Documents attached	+
<input type="checkbox"/> Purchase of primary residence	Describe: _____	<input type="checkbox"/> Documents attached	+
<input type="checkbox"/> College tuition	Relationship: <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> dependent <input type="checkbox"/> beneficiary	<input type="checkbox"/> Documents attached	+

Total Amount Needed after taxes (unless I elect no withholding) or available amount, if less =

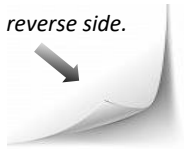
Automatic Withholding	10% Federal and 5% State taxes withheld unless you elect: <input type="checkbox"/> Do not withhold <i>Federal</i> tax <input type="checkbox"/> Do not withhold <i>State of Iowa</i> tax
------------------------------	---

Send check to:	<input type="checkbox"/> Address in <i>Personal Information</i> above or <input type="checkbox"/> Alternate address: _____ _____
-----------------------	---

Participant Signature	I agree to the terms and conditions of financial hardship withdrawal and certify that the information submitted is true and accurate. <ul style="list-style-type: none"> I certify that the amount requested is not more than the amount necessary to cover my immediate and heavy financial need. I certify that I have used all other resources available to me, including reasonable liquidation of my other assets and application for commercial loans. I understand a distribution is taxed in the year I receive it. I understand that if my request is denied and I disagree with the denial, I may submit an appeal (within 30 days) with additional written evidence of qualification or reasons the request should be reconsidered.
	X _____ Date _____

Submit Form	DAS-HRE / Attn: RIC / 1305 E. Walnut / Des Moines IA 50319 / Fax: 515-281-5102
--------------------	--

Required documentation examples shown on reverse side.



Required Documentation (examples below) must accompany this form for your request to be considered.

Non-reimbursed medical expense:	Copies of the medical bills or your insurance provider's Explanation of Benefits statements (EOBs) showing the amounts covered and not covered by insurance
Funeral expenses:	Copy of the bill showing that you are the responsible party and the amount owed
Threat of foreclosure or eviction:	Copy of the notice you received from the mortgage company or landlord regarding the eviction or foreclosure proceedings and evidence of balance due
Property damage due to federally declared disaster not covered by insurance or disaster aid:	Notice of federally declared disaster, copies of receipts showing expenses you have incurred, and information from your insurance company or federal/state relief agency showing that the expenses are not covered by your policy or relief aid
Purchase of primary residence:	Copies of the purchase agreement or contract, along with your mortgage application, or similar documentation showing your costs (excluding mortgage payments)
College tuition, related fees, and room/board for next 12 months:	Copies of tuition and room/board statement or invoice, receipts showing other educational related expenses (books, etc)