

REQUEST FOR IN-SERVICE OR HARDSHIP BENEFIT

Completed forms may be scanned and emailed to benefits@ebspension.com, faxed to (570) 223-6815, or mailed to Employee Benefit Systems, Inc. at PO Box 609 in Kresgeville, PA 18333-0609. IRS Rev. Rul. 2004-10 and DOL Field Bulletin 2003-3 state charges applicable to a specific account can be charged against that account. Creation of a benefit election/application package will result in chargeable fees. The value of fees will reflect type of payment requested, investments charged, and the amount of payment. The fee of EBS typically does not exceed \$100. Be advised that fees of other parties may apply.

If you are NOT requesting a Hardship Distribution, do NOT complete the Hardship Distribution Questions.

Employer's Name: _____

Plan Name: _____

Participant Name: _____

Social Security Number: _____ Date of Birth: _____ Phone: _____

Participant's Home Address: _____

(If Address Includes a PO Box, a Street Address Must Also Be Provided).

Participant email address: _____

Distribution Desired is \$ _____ or _____ % of Account or _____

Hardship Distribution Questions

(Only Complete This Section If Requesting A Hardship Distribution)

For a Hardship Distribution, the above Distribution Desired must be a dollar value. You then select *EITHER* "Standard Hardship Types" **OR** "Facts and Circumstances Hardship". **DO NOT SELECT BOTH OR YOUR REQUEST MUST BE DENIED.** Refer to the Summary Plan Description to determine which type of Hardship is available to you. your request must be rejected.

- () **Standard Hardship Types.** This would include (1) medical expenses of myself, my child, my spouse or other legal dependent; (2) the purchase of a residence that shall be my primary residence; (3) payments needed to prevent eviction or foreclosure on my primary residence; (4) funeral/burial expenses of deceased parent, spouse, child or other legal dependent; (5) post-secondary education for the next 12 months for myself, spouse, child or other legal dependant; OR (6) expenses for the repair of damages to my principal residence that would qualify as a casualty deduction.

OR

- () **Facts and Circumstances Hardship.** Define Hardship: _____

REQUIRED FOR ALL HARDSHIP REQUESTS

- () **Proof of Hardship.** Attach documentation showing both the amount and types of Hardship you are claiming. Examples are a billing or written quote for services, an eviction notice, or documents defining a down payment for a house purchase, or a tuition billing from a school.
- () **History of Salary Deferrals.** For a Hardship Distribution you must provide your "History of Salary Deferrals". That is, provide the amount of deferral contributions you contributed as salary deferral to this Plan for each calendar year. This information is on your past tax returns and your last pay stub. List years as YYYY - \$\$\$\$\$, or 2009 - \$5,000.

Required Signature

(Must be completed for all requests.)

Print Name of Person making this request: _____

Signature of Person making this request: _____