

HARDSHIP WITHDRAWALS CERTIFICATION FORM AND INSTRUCTIONS

Lay Employees Defined Contribution Retirement Plan Retirement Savings Plan (RSVP)

This form is to be completed by both the Participating Employer and the employee requesting the hardship withdrawal. Please complete the entire form and attach a copy of the employee's documentation. If any portion of this form is not fully completed, or if the supporting documentation has not been submitted with this form, the application for a hardship withdrawal will be rejected until such time as all items are completed.

PART I: To Be Completed By the Participating Employer

As the Participating Employer in The Episcopal Church Lay Employees Defined Contribution Retirement Plan (401(a) and 403(b)) or Retirement Savings Plan, you are responsible for reviewing and approving hardship applications by your employees.

Reason for Hardship: Please select the reason the employee is requesting a hardship withdrawal by checking one of the boxes below.

- Expenses for (or necessary to obtain) medical care that would be deductible under Internal Revenue Code § 213(d) (e.g. that are for the diagnosis, cure, mitigation, treatment, or prevention of disease) and medical expenses of primary beneficiaries**;
- Costs directly related to the purchase of a principal residence for the employee, excluding mortgage payments;
- Payment of tuition for up to the next 12 months of post-secondary education for the employee, the employee's spouse, children, dependents* or primary beneficiaries**;
- Payments necessary to prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage on that residence;
- Payments for burial or funeral expenses for the employee's deceased parent, spouse, children, dependents* or primary beneficiaries**; or
- Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under Code § 165 (e.g. losses that arise from fire, storm, theft or other casualty).

* Dependent as defined in Internal Revenue Code § 152, without regard to § 152(b)(1), (b)(2), and (d)(1)(B) (i.e. without regard to whether the employee is someone else's dependent, the dependent is married, or the dependent's gross income).

** Primary beneficiary as on record with The Church Pension Fund.

Documentation Requirements: In order for you to approve an employee's hardship withdrawal request, the employee must submit adequate supporting documentation along with your application. The Plans accept the following types of documentation:

- Medical expenses:* Copies of medical bills, Explanation of Benefit statements from an insurer, or other proof of out-of-pocket costs incurred as a result of covered medical expenses. In the case of ongoing medical treatment, a licensed physician's statement estimating planned treatment and associated employee or primary beneficiary cost.

- Purchase of principal residence:* Copy of purchase and sales agreement, including estimated or actual closing costs, signed by both buyer and seller.
- Post-secondary tuition and expenses:* Copy of acceptance or enrollment verification from a college or university, including copy of a bill or statement for tuition and related covered expenses.
- Payment to prevent eviction/foreclosure:* Copy of eviction or foreclosure notice, including documentation of amount needed to prevent eviction or foreclosure.
- Burial or funeral expenses:* Copy of bill, invoice, or estimate from service provider for covered services, along with a written description of decedent's relationship to the employee.
- Property casualty repairs:* Copy of bill, invoice, or estimate for repairs from a contractor, along with a written description of the casualty and related damage.

By signing below, the Employer hereby certifies that it has reviewed the documentation submitted by the Employee, and has determined that the Employee's reason for hardship is a permissible reason as specified above, and has been substantiated in accordance with the documentation requirements.

Signature

Title

Printed Name

Date

On behalf of: _____
Name of Employer

PART II: To Be Completed By the Employee

By signing below, you hereby certify that:

- the need cannot reasonably be relieved through reimbursement or compensation by insurance, by liquidation of your other assets, by cessation of contributions to the Plan, or by borrowing from commercial sources on reasonable commercial terms in an amount to satisfy the need;
- the distribution you have requested will not exceed the amount of your immediate and heavy financial need; and
- you have obtained all other currently available distributions and nontaxable loans under the Plans that will not result in a future hardship.

Signature

Date

Printed Name