

Requesting a hardship distribution

Is this the correct form?

This form can be used to request a distribution due to an immediate and heavy financial need.

If you would like to request a distribution for another reason, please refer to the Lincoln website for the applicable form.

DO NOT use this form for:

- General distributions or Qualified Domestic Relations Order (you are the alternate payee)
- Required minimum distribution
- Excess withdrawal (refund)
- Death claim (you are the beneficiary)
- Plan termination
- Rollover, contract exchange, transfer

Need additional help?



VISIT

LincolnFinancial.com or



CALL

1-800-234-3500,
M - F, 8 am - 8 pm ET

For additional information please consult with a tax advisor and/or go to the IRS website, <https://www.irs.gov>.

Frequently asked questions

What is a hardship distribution?

A hardship distribution is allowed if you have an immediate and heavy financial need.

In order to receive a hardship distribution you must meet the minimum requirements defined by the Internal Revenue Service (IRS), including but not limited to the following:

- You must be actively employed with the employer administering this retirement plan.
- You have obtained all available distributions and nontaxable loans (if applicable) under the plan and all other plans maintained by your employer.

What reasons qualify me for a hardship distribution?

Please refer to pages 2-3 of this Hardship Distribution Request form for a detailed listing of the hardship reasons and the required supporting documentation.

Please note: All reasons are not available to every plan. Contact your plan administrator/employer for more information.

What is not considered a hardship?

- Payment of income taxes unrelated to this distribution
- Credit card expenses
- Baby sitting or child care
- Medically unnecessary cosmetic surgery
- Health club/weight loss program
- Veterinary expenses
- Purchase of non-principal residences
- Vehicle repair/purchase
- Non-academic related expenses
- Eviction from land
- A burst water heater/pipe
- Insect damage/removal

Please note: Reimbursement of paid expenses is not allowed. The supporting documentation provided must be for unpaid or outstanding expenses.

What portion of my retirement account is available for distribution?

The amount of your retirement account available for hardship may be limited to certain contribution types and is impacted by your available vested balance. Reference your online account or contact your plan administrator/employer for more information.

What documentation can be used as "proof of relationship"?

- Spouse: Marriage certificate or IRS income tax return
- Parent: Birth certificate, IRS income tax return, adoption certificate, or legal guardianship documentation.
- Dependent: IRS income tax return or legal guardianship documentation
- Beneficiary: This is determined by the information we have on file at the time we receive your hardship distribution request.

Please note: If none of the above are applicable to you, please contact your plan administrator/employer for additional instructions.

What is an "explanation of benefits"?

An explanation of benefits is a document from the insurance company that includes a financial breakdown of the amount charged by the medical provider relative to the amount you will owe to the provider once insurance has been applied.

What is a "purchase agreement"?

A purchase agreement is a contract between yourself and the seller of the home that includes the purchase price of the home, future closing date, and other important information. The contract is signed by both the buyer and seller.

What other things should I know before completing this form?

- Your documentation must support the amount of your hardship request.
- All bills must be unpaid/outstanding and dated within the last 90 days.
- Generally, you must stop salary deferrals for at least 6 months after you receive your hardship distribution. Restrictions may apply, depending on your plan requirements. Please contact plan administrator/employer for more information.

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Hardship distribution request



If you have questions or need assistance completing this form, call the Lincoln Customer Contact Center at 1-800-234-3500 or contact your retirement plan representative.

Is this the correct form?

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If you would like to request a distribution for another reason, please refer to the Lincoln website for the applicable form.

DO NOT use this form for:

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Marital status: Please provide your marital status in order to ensure timely processing of your distribution.

1 Tell us about yourself.

Name (first, MI, last, suffix)

SSN

- -

Street address

Plan ID (refer to your statement)

City

State

Zip

Mobile

- -

Email

Phone

- -

Marital status

I do not have a living spouse.

I have a living spouse.

Date of birth (mm/dd/yyyy)

/ /

2 How much should we send you?

Amounts will be distributed from your available vested balance and may be limited to certain contribution types. The total amount you receive may be less than the amount requested, depending on your available balance and tax withholding.

Amount options (choose one)

Send me the entire amount available for hardship.

Send me a partial payment of \$
(Dollar amount must be provided.)

If applicable, the Lincoln Secured Retirement IncomeSM investment option cannot be excluded from a hardship distribution. If you have a balance in the Secured Retirement Income option, this distribution may cause an excess withdrawal.



Federal tax withholding election: If you elect to withhold taxes and you provide a federal tax withholding rate that is less than 10%, we are still required to withhold the applicable minimum.

Please note: Your distribution may be subject to an additional 10% early distribution penalty tax. This penalty tax will be assessed when you file your tax returns as part of your tax liability and is not automatically included in your tax withholding for this distribution.

3 How do taxes impact your distribution?

Lincoln will withhold taxes from your distribution at the rates detailed below and automatically send the withholding to the IRS on your behalf.

Taxes withheld from your distribution will include:

• 10% Federal tax (choose one)

Please withhold federal taxes at the rate of (minimum 10%) %

Do not withhold taxes. I understand that I am responsible for any payment of federal taxes due on my distribution.

• State tax (if applicable)

State tax is automatically calculated and based on your residence on file.

The amount you receive:

The total amount you receive from this distribution will be reduced by the total amount of taxes withheld. Depending on your available balance, you may adjust your requested distribution amount to account for additional taxes that may be assessed as part of your tax liability.

Hardship distribution request



Direct Deposit: If your bank account information is illegible or incomplete, Lincoln will issue a check and mail to your address on file.

Please note: We cannot direct deposit to reloadable bank cards.



If you direct deposit to a checking account: A voided check or a verification of deposit from your financial institution is required.

If you direct deposit to a savings account: A verification of deposit from your financial institution is required.

4 How would you like to receive your payment?

I would like my payment to be sent as a (choose one)

Direct deposit to my personal bank account as described here:

Name as it appears on your account

Bank transit/ABA number (9-digits)

Financial institution

Account number

Type of account: Checking Savings

Check, mailed to my address on file.



Restrictions may apply to options (where noted) on this form depending on your plan.

Please contact your plan administrator/ employer for more information.

5 Tell us about your immediate and heavy financial need.

Choose the reason for your hardship and include the required documentation with this form. Please refer to "What documentation can be used as proof of relationship?" in "Requesting a hardship distribution" included with this form.

Not all hardship reasons may be available in your plan.



Medical Expenses qualify for a hardship if they are deductible under the Internal Revenue Code. Refer to IRS Publication 502 <https://www.irs.gov>.

MY REASON FOR HARDSHIP	DOCUMENTATION REQUIRED (dated within the last 90 days)
Medical expenses for me, my spouse, or my dependent. (Depending on your plan, medical expenses for your primary beneficiary may qualify as a hardship reason.)	(Provide #1 AND #2; also provide #3 if applicable.) <ol style="list-style-type: none">1. A copy of a current bill for services that shows the outstanding balance due, the medical provider, and amount due. Please include the name of the person being billed.2. An Explanation of Benefits (EOB) (from the insurance provider) for each bill, showing what portion of the expense was covered by insurance or documentation indicating that the expense is not reimbursable from insurance3. Services requiring a prepayment must have documentation indicating that the expense is not reimbursable from insurance.
Expenses directly related to the purchase of my principal residence (excluding mortgage payments).	<ul style="list-style-type: none">• A signed purchase/sales agreement or construction sales agreement containing all of the following:<ul style="list-style-type: none">- The purchase price- The future date of closing- Your name and the property address- Your signature and the seller's signature
Tuition, related education fees, and room & board expenses for up to the next 12 months of post-secondary education for me, my spouse, my child, or my dependent. (Depending on your plan, Tuition, related education fees, and room & board expenses for up to the next 12 months of post-secondary education for your primary beneficiary may qualify as a hardship reason.)	(Provide #1 AND IF APPLICABLE #2.) <ol style="list-style-type: none">1. A current tuition bill containing all of the following:<ul style="list-style-type: none">- The school's name- The student's name- The total amount currently outstanding with a future due date- The semester or term the charges are for (must be the current or a future semester)2. For non-tuition costs a receipt, proof of enrollment in the class and proof the item is needed via a syllabus.

→ **Step 5 is continued on the next page.**

Hardship distribution request

5 Tell us about your immediate and heavy financial need (continued).



Restrictions may apply to options (where noted) on this form depending on your plan.

Please contact your plan administrator/ employer for more information.

MY REASON FOR HARDSHIP	DOCUMENTATION REQUIRED (dated within the last 90 days)
Payment(s) to prevent my eviction from my principal residence or foreclosure on the mortgage on my principal residence.	<ul style="list-style-type: none"> A copy of the Notice of Eviction or Foreclosure notice that must state: <ul style="list-style-type: none"> The amount due to prevent eviction or foreclosure. A future date for eviction or foreclosure that states that you "will" be evicted or foreclosed (not "may"), if the amount due is not made current by the future date If you pay the amount stated, you will be allowed to stay at the property. A signature of the landlord and the landlord's contact information must be present if a rental. Your name and the property address.
Payment(s) for burial or funeral expenses for my deceased parent, spouse, child, or other dependent (Depending on your plan, payment(s) for burial or funeral expenses for your primary beneficiary may qualify as a hardship reason.)	<ul style="list-style-type: none"> An itemized unpaid bill for burial and/or funeral expenses incurred that indicates the name of the facility completing the services. <ul style="list-style-type: none"> The bill must indicate your name as responsible for payment of services. A death certificate is required if the decedent's name is not included in the bill for service.
Expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction without regard to whether the loss exceeds 10% of adjusted gross income.	<p>(Provide all three.)</p> <ol style="list-style-type: none"> Proof of cost from one of the following: <ul style="list-style-type: none"> A copy of bills for repair or For prepayment of costs an estimate from the contractor For rebuilding a principal residence destroyed by a casualty, an executed contract between you and the contractor. A statement from the insurance carrier evidencing a denial of coverage for the cost of repairs. Proof of damage such as: an insurance report, an appraisal, or a fire department report. Proof of damage also can be verified by the contractor in the bill for repair.
Expenses and losses incurred because of a disaster declared by the Federal Emergency Management Agency (FEMA). (Your plan does not have to currently permit hardships to grant a hardship under the new safe harbor hardship event reason, as long as the plan document is updated with language to provide for the hardship.)	<ul style="list-style-type: none"> Lincoln will validate addresses that we have on file to ensure that you resided in disaster areas on the dates determined by FEMA, therefore no documentation is necessary. Please contact Lincoln for further details.

Continue to the next page for additional instructions.

Hardship distribution request

6 Sign and date this form.

For New York residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By signing below, I certify that:

- I have read and understand the Important Fraud Notice and Important Information sections on the last page of this form.
- I am responsible for meeting the federal tax law requirements to qualify for this distribution.
- My answers on this form and any documents I have attached are true and accurate.
- If there are not enough funds in my retirement account for the amount requested, Lincoln will process the withdrawal from the amount available.
- If applicable to this plan, I have received the Qualified Joint and Survivor Annuity (QJSA) notice; waive the 30 day review period and normal QJSA form of payment; and instead, elect to receive this distribution as detailed on this form.
- I have obtained all available distributions and nontaxable loans (if applicable) from all plans of my employer. Other restrictions may apply, please contact your plan administrator/employer for more information.

Did you know?

If you move this year: Please update your address to receive your tax documents for use when you file your income taxes.

To update your address: If you are an active employee, contact your employer; if you are no longer employed, call Lincoln.

Your signature

Today's date (mm/dd/yyyy)

/ /

7 Your spouse's signature may be required.

In some instances, your spouse may be required to sign this form. Please contact your plan administrator/employer to determine if this is required for your plan.

By signing below, I certify that I am the spouse of the individual named above and that:

- If applicable to this plan, I have received the QJSA notice, consent to my spouse's election to waive the normal QJSA form of payment, and consent to my spouse's election to an immediate distribution as detailed on this form.

Spouse's signature (if required)

Today's date (mm/dd/yyyy)

/ /

Plan administrator's signature or notary's signature ⓘ

Today's date (mm/dd/yyyy)

/ /

Notary seal

Notary's commission expires (mm/dd/yyyy)

/ /



If spousal consent is required and your plan administrator does not sign here as a witness to your spouse's signature, you must have a notary sign, seal, and date where noted to the right.



Continue to the next page for additional instructions.

Hardship distribution request

Did you remember to:

- ☐ Print, sign and date this form?
- ☐ Attach any necessary documents?
- ☐ If faxing, include both the front and back of ALL pages of the form?

Questions?



VISIT

LincolnFinancial.com or



CALL

1-800-234-3500,
M - F, 8 am - 8 pm ET

Current employee - return all documents to:

Your employer's Human Resources department.

What you can expect:

- **Log in to your account** at LincolnFinancial.com to verify when funds are removed from your retirement account.
- **For ACH deposits**, it takes up to two business days to see your payment posted to your bank account once the funds have left your retirement account.
- **For checks**, your payment will arrive depending on the United States Postal Service delivery schedule. This generally takes 2-5 business days once the funds have left your retirement account.



Participant information:

If participant information is incomplete, Lincoln will use the information currently on file.

Authorization: Lincoln will process this request based on TPA authorization only. Lincoln will not screen for plan administrator/ employer's signature or supporting documentation.

TPA distribution fees are established at plan setup, deducted automatically at the time of withdrawal, and included in the aggregated monthly fee sent to the TPA. For recurring distribution payments, the fee will be assessed only for the initial withdrawal.

Plan administrator/employer use only.

I authorize Lincoln to proceed with the elections made on this form.

Plan administrator's name

Plan administrator's signature

Today's date (mm/dd/yyyy)

 / /

Third party administrator (TPA) use only. ⓘ

Complete the following participant information:

- The amount of the employee's account available for hardship is \$
- Is the employee 100% vested? Yes No

If no, please provide the vested percentage:

- The employee's vested percentage in employer match contributions is %.
- The employee's vested percentage in other employer contributions is %.

I authorize Lincoln to proceed with the elections made on this form.

TPA's name

Phone

TPA's authorization code

Contact name

Plan administrator or TPA return all documents to:

• FAX

Lincoln Retirement Services
Company, LLC
260-455-9975

• MAIL

Lincoln Retirement Services
Company, LLC
P.O. Box 7876
Fort Wayne, IN 46801-7876

• EXPRESS MAIL

Lincoln Retirement Services
Company, LLC
1300 South Clinton St.
Fort Wayne, IN 46802-3506



Continue to the next page for additional information.

Hardship distribution request

IMPORTANT INFORMATION

There are restrictions on the amount that can be withdrawn from the Lincoln Fixed Account/Lincoln Stable Value Account/Lincoln Stable Value Separate Account in a 12-month period. Transfers from the Lincoln Stable Value Account/Lincoln Stable Value Separate Account may be subject to a 90-day equity wash.

Lincoln Financial Group® affiliates, their distributors, and their respective employees, representatives, and/or insurance agents do not provide tax, accounting, or legal advice. Clients should consult their own independent advisor as to any tax, accounting or legal statements made herein. We recommend that you consult a tax advisor regarding the distribution rules as they pertain to your personal circumstances.

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IMPORTANT FRAUD NOTICE

Residents of all states except Alabama, Arkansas, Colorado, District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia and Washington, please note: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

For Arkansas, Colorado, Kentucky, Maine, New Mexico, Ohio, Rhode Island, Tennessee residents only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

For Alabama and Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

For District of Columbia residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Florida and New Jersey residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Maryland residents only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Oklahoma and Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Vermont residents only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

For Washington residents only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.